

**THE PSYCHOLOGY OF A FAILING JAIL:**

**JAIL AS AN ABUSIVE AND SEXUALLY ABUSIVE FOSTER 'FAMILY'**

**FOR 'CHILDREN' WITH MULTIPLE TRAUMA --**

**IMPLICATIONS FOR REHABILITATION**

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**A thesis submitted in partial fulfilment  
of the requirements for the PhD Degree**

**in Psychology**

**at the  
University of Canterbury  
Christchurch, New Zealand**

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February, 1995**

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## ACKNOWLEDGEMENT

I like to think that this thesis is the phoenix that has risen from the ashes of my former life, the life I had before I was jailed, accused of no crime, for longer than any other person in American history. I spent more time in jail than most people convicted of manslaughter.

I am responsible for this thesis, however kindly or harshly it may be judged. But I would like to thank the people who have supported me in so many ways, during my jailing and during my study for my Ph.D.

Professor K. Strongman was willing to listen to me from the start. He challenged my thinking and demanded that I make clear to him the ideas that I struggled to make clear to myself. I am grateful for his wisdom and his knowledge, his support and his encouragement, his friendly humor and his good nature. I am also grateful for his courage in accepting me into his program.

The people of the DC jail, my fellow inmates, our officers and the other jail employees, accepted me, helped me and supported me through all three of my jailings, although their lives were often much much harder than mine. This thesis is my tribute to them.

My loyal and loving family and friends helped me in a myriad ways. I am grateful to everyone, for everything they have done and continue to do for me.

And then there are Judges Dixon, Steadman, Belson and Mack. Without them, the data in my thesis would not have been collected.

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## ABSTRACT

This thesis considers the failure of the Washington, DC jail to rehabilitate its criminals. The data come from a diary kept during 25-months of participant jail observation.

The theory is based on a synthesis of the following concepts:

1. the power differential between different social groups;
2. order, energy/mass, time and space, which are the basic concepts of physics;
3. the similarities between physical and psychological trauma; 4. the principles common to the care of all trauma and
5. the Death Spiral, a process in which severely injured people cannot behave safely and must, over time, either injure themselves and/or other people.

The theory proposes that adult criminal behavior is to a very great extent the expression of severe, neglected childhood psychological traumas, most of them arising from severe abuse. The theory further proposes that the DC jail's failure to rehabilitate criminals arises from its failure to provide a safe environment. This violates the first principle of trauma care.

The theory is tested by comparing it to the data about the legal system, the jail administration, the employees and the inmates.

The data show that the administration of the jail behaves like a well-intentioned but neglectful, abusive and sexually abusive head of an abusive foster family. The inmates are the jail family's foster 'children'. The jail fails to rehabilitate them because it recreates the very conditions that originally caused their unsafe behavior.

The data also show that many inmates are massively injured and thereby trapped in a Death Spiral. But hurting others, or oneself, remains a matter of personal choice and social permission. Inmates who survive by endangering and exploiting others had no motivation to change because the criminal system rewards them in many different ways.

The thesis suggests that a safe environment and fairness are fundamental to all criminal rehabilitation and could be offered to every inmate as follows:

- 1) by outside supervision of the jail to ensure non-abusive jail 'family' function;
- 2) by providing special units for severely injured self-destructive criminals who have a strong motivation to change;
- 3) by providing criminals who endanger, harm and exploit others only with a safe environment, good modelling by jail employees and self-help opportunities;
- 4) by offering substantial support to employees who face many of the same problems that criminals face.

## INTRODUCTION AND THEORY

## CHAPTER ONE

### GENERAL INTRODUCTION

This thesis presents data from my 25 months of observation of criminals in the Washington, DC jail - when I myself was an inmate, but not a criminal one. During my years in the jail, I kept asking myself three questions. First, why is the jail so bad? Second, why don't my fellow inmates change their lives? Third, what can be done to improve things? The thesis will, I hope, answer these questions, among others.

The theory on which my analysis rests applies concepts of physical trauma recovery to criminal rehabilitation. This is because I am a surgeon. In jail I learned that most of my fellow inmates had massive psychological traumas from early, highly traumatic childhood experiences. These traumas had been neglected for years. My fellow inmates reminded me of severely physically injured patients who were incapable of recovery without care of their wounds.

Further, it had long been obvious to me, as a surgeon, that severe physical trauma, severe psychological trauma and crime were closely linked. My introduction was on a hot summer night in the Yale-New Haven Hospital emergency room. A woman ran screaming through the emergency room, pursued by her son who was chasing her with a butcher's knife. He in turn was pursued by a posse of police. Mother, son and police ran through the emergency room, back to the street, around the hospital again and back into the emergency room. When the police lost sight of the son, they simply followed the trail of blood. The son trying to kill his mother was also trying to commit suicide as he ran, slashing at his arms with

his knife. The police eventually subdued him. It turned out that this young man had been very severely abused as a child by his father and had been in the state mental hospital several times. After this episode, he was returned to the mental hospital but before he left, I surgically repaired his self-inflicted wounds.

To enable me to do so, eight frantic, enraged, shouting, terrified, dangerous policemen strapped down the frantic, enraged, shouting, terrified dangerous man who struggled horrifically as they leaned their full weight on his arms and legs. Grimly determined, I dodged the fountains of blood spurting from his arms and wielded forceps and needle to stop his bleeding. He had to be controlled. But I felt that in doing so, we the 'normal' ones had not acted normally. We had followed the lead of this violent man. We had acted crazy. He didn't need eight men almost breaking his arms and legs. Why didn't the police tie him down? He wasn't bleeding to death. Why didn't I just wrap up his arm. Why didn't any of us give him a choice? Instead I became part of a team effort to assault him into sanity and safety. It was worse than the cuts on his arms.

In time, I found that most of my patients with moderate to severe physical trauma were either clearly disturbed, risk-taking people or were the victims of events caused by such people. Arrest and prosecution as well as death and despair are common in emergency rooms and trauma wards.

But after my experience with the suicidal young man, I - like a few other surgeons - found that as long as I stayed calm and firm and connected to injured people, talking to them and giving them reasonable choices and control over what I was doing, the wildest ones, including little children, generally cooperated with me. A struggle tended to mean that I was doing something wrong. It took two to dysfunction.

This use of choices, limits and cooperation obviously worked. But in the surgical

emergency rooms at least of those days it was viewed with suspicion and considered radical. I was told my approach demeaned me as a surgeon. By cooperating with patients, I gave up some of the power of my position. But it turned out later that without understanding what I was doing or why it worked, I was using techniques of trauma-focussed psychotherapy. These rely on empathy, limits and choices to build cooperation and trust.

My thesis is heavily influenced by my experiences. It is unavoidably an analysis of criminals' behaviors and society's response to them from the view of a woman who is both a surgeon and a psychologist and who is interested both in trauma recovery and in criminal rehabilitation.

I want to be clear from the start that I do not propose that criminals are patients who need individual psychotherapy instead of prosecution or jail. Rather, I propose that criminal rehabilitation involves dealing extensively with massively psychologically injured people. Like recovery from massive physical injuries, progress is a lengthy, complex process involving the right environment, the right approach and team work, the injured person being a member of the team. Further, if the principles of trauma care are violated or ignored, 'rehabilitation' will itself be traumatic and will make matters worse.

I do not regard criminal rehabilitation as the only approach to the control of crime. It obviously is not. (Wortman,1994) Rather, it is part of a complex response, just as setting one fracture is part of a complex surgical response to a patient with multiple fractures. As I believe my thesis will show, ignoring what happens in jail makes it impossible to understand the role played by the legal system in the persistence and rise of violent crime.

There is an urgent need to improve jails. Throughout the United States, jails and prisons fail to rehabilitate criminals despite decades of anti-crime legislation and 'wars on crime', (Knudsen,1968) Violent crime rates are rising as are the numbers of prisoners,



although drug offenses and parole violations - not criminal violence - account for two-thirds of the incarcerations (Famighetti,1994).

Rehabilitation is supposed to take place behind bars but at least in the Washington, DC jail where I was - and in many other places as well - it clearly does not do so. This has led some people to propose the abolition of correctional institutions. (Gibbs,1986) (Hondrich,1989) But again, at least in Washington, DC, 70% of the jail's criminal inmates are very violent and repeatedly so. Freeing them all doesn't seem to be the answer.

On the other hand, jails are very expensive. The DC jail - its official name is the Washington, DC Department of Corrections Detention Center - cost \$50,000 to keep an inmate behind bars for a year in 1987. This was over 15 million dollars a year to house approximately 300 women inmates and 70 million dollars to house approximately 1400 male inmates. It costs more now. Yet the city is again the 'murder' capital of the United States. (Cable News Network,1993; US Bureau of the Census,1989)

Further, 70 - 90% of former inmates, whether killers or prostitutes, come back to the DC jail (Chief Administrator of the Washington, DC Detention Center,1987). From my experience, those who don't return are probably not rehabilitated. They are likely to be dead, physically disabled, in hospital, operating under an alias, working in a different jurisdiction or escaping arrest. Thus the real problem is the jail's poor results, not its expense. The money would be well-spent if it helped to control crime.

The potential impact of successful rehabilitation is considerable. Of the 606,000 people in Washington, Dc, seventy-five hundred or over 1% are jailed or imprisoned each year (Famighetti,1994). Eighty-six per cent of the imprisoned population has a sentence of less than a year. Thus the inmates' families as well as all citizens of the city would benefit if the number and severity of crimes decreased. Thus criminal rehabilitation is a family as well as

a social issue and must be considered in this context.

It also has political implications. Although the view may seem extreme, I do not myself see how democracy can survive unless democratic countries develop better and non-violent ways to rehabilitate criminals and to control their violence. If a jail in a democracy controls the violent by violence, it undermines democracy by promoting the very social structure it is trying to control.

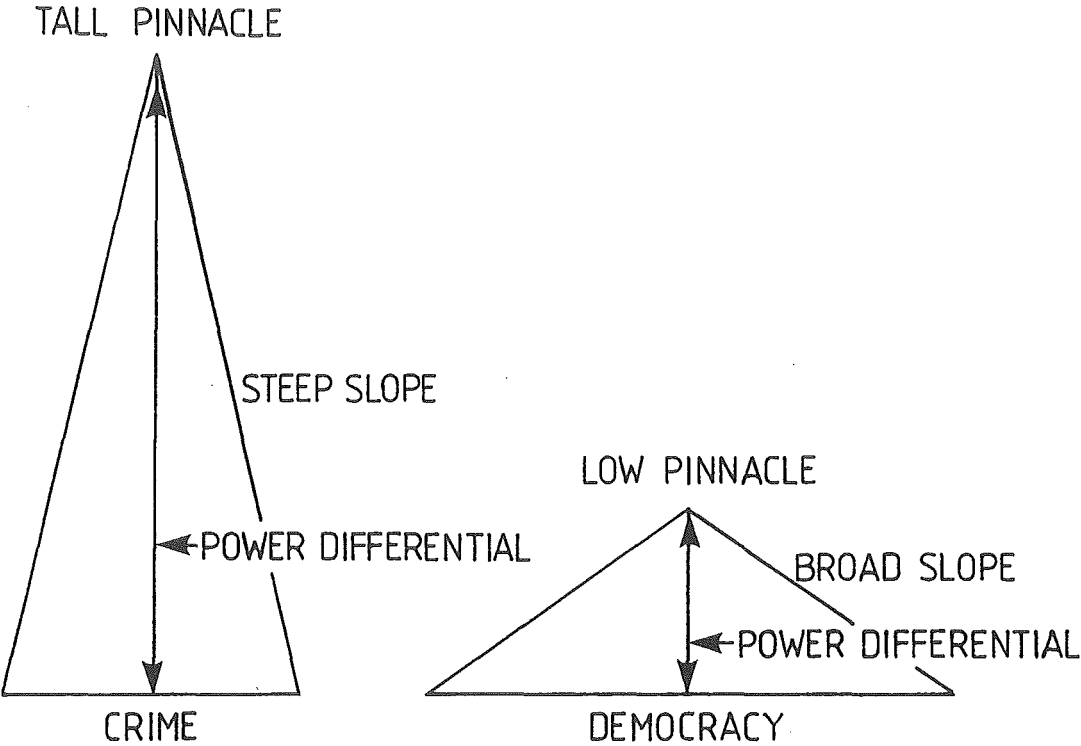
Violence and crime share the same power structure. Democracy does not. The shape of the hierarchy of democracy is quite different, as shown in Illustration I, on the next page. In crime, the structure is based on absolute control by violence. At the pinnacle of a tall, steeply-sloped pyramid of power are the men most capable of the greatest violence. (Yallop,1994; Seagrave,1988) They may be educated and gifted as well. They may order violence rather than inflict violence themselves. Their criminal success however depends on their ability and willingness to use whatever physical, sexual or psychological aggression and coercion is needed to control and to use other people. It is easy to control people who are accustomed to being completely controlled by violence, as survivors of very abusive homes will be (Kluft,1990).

In this steep power pyramid of crime, a person's value decreases rapidly with decreasing ability to control others. Non-violent women and all young children will be least valuable because they are most vulnerable to control by violence. This makes them susceptible to abuse and misuse of all kinds (Fyfe,1989).

The power pyramid of crime is not unique to it. It is very like war and indeed crime follows war. In America, criminal violence - rape, murder and aggravated assault - has been shown to follow US military strikes abroad. This suggests that the government model of behavior is a very important example for criminals (Bebber,1994). Extreme violence, extreme

ILLUSTRATION I

THE POWER PYRAMIDS OF CRIME AND OF DEMOCRACY



control and extreme devaluation of the weakest are the principles not only of war but of war-like societies whether empires, dictatorships, military juntas or abusive cults. The same power pyramid is used in societies based on slavery and in those of social institutions - including those in a democracy - which control the weak by abusing them (O'Hagan,1993). Thus tyrannical government institutions can and do exist in democracies.

Further, the same power pyramid is found in abusive families. So war-based kings and dictators should also be abusive at home, involved in intimidation and incest, murder and betrayal. This in fact is the case (Costain,1964; De Jonge,1986, Chapter 29; Osman,1993; KRT,1994; Severin,1991; Priscus,450)

Compared to crime, the hierarchy of democracy has a low pinnacle, a small power differential and a broad base as shown in Illustration I. This structure is widely used in various women's groups. Some level of hierarchy is necessary but the pyramid shape is low with an emphasis on equality of power for everyone (Moser,1993, p.138).

Trying to use a tall pyramid to promote democracy is self-defeating. The huge power differential between top and bottom will not only permit crime and abuse of the weak to arise, but will require their subjugation by abuse to maintain the power gradient. The experiences of those at the top of the pinnacle will become remote so that they do not overlap with those of the people at the bottom. From the top, those at the bottom will be increasingly hard to recognize as fellow humans. This makes them dispensable, their bad experiences being seen as unreal, good for them or at least deserved (Smith,1992, "The Seeds of Distrust"; Ridgeway,1990; Wakeford,1969). This is why violence, crime, degradation of women, abuse of children and severe trauma occur together.

Secrets are one kind of power. As the power pyramid changes from abusive to democratic, secrets are disclosed. Such disclosure lowers the power of those at the top. So

not only will severity of abuse and of severe trauma decrease in democracy, but only in a democracy is the abuse likely to be revealed. Invisible, it cannot be corrected.

Only recently have women been included in democracies. With our inclusion, the link between democracy, disclosure of secrets and control of trauma has become clearer. For instance, in American women, battery by a man was the secret. It no longer is. It has been disclosed and studied. The chief cause of physical trauma in American women is battery by a male partner and assault of women by men has been shown to be pervasive, on the street and at work (American Psychological Association Task Force on Male Violence Against Women, 1994).

American women only gained the vote in 1920. In the intervening sixty-four years, there have been new laws and enforcement of old laws to try to control violence against women. In some areas, there is mandatory arrest of assaultive partners (Stark, 1993). The demand for control of such assaults went back for decades (Gordon, 1989; Grimke, 1837) but control only began after women were allowed to vote.

Once women could vote it also became clear that protecting children from abuse is also a feminist issue. This is because of incest. It too is a family secret, proving to be a common one and one which causes particularly severe psychological trauma. It is chiefly committed by men. (Russell, 1983; Finkelhor, Hotaling, Lewis and Smith, 1990) Thus trauma, crime and abuse are feminist, family and political issues.

They are also racial issues at least in the United States because most crime involves whites, but blacks are more likely to be victims of serious and violent crime and more likely to be physically attacked and injured (Whitaker, 1990).

Tolerance of crime and of abuse in a democracy will ultimately destroy it. The society will be torn apart by the two contradictory principles: 1) life based on violence, control and

devaluation of the weak and 2) life based on safe sharing of power and equal valuation of the strong and the weak.

Such fundamental conflicts in a society can lead to civil war. This causes massive physical and psychological trauma and is typically followed by prolonged post-war oppression. It happened in America last century with the Civil War (Ward, Burns and Burns, 1990) and earlier this century in Russia (De Jonge, 1986, Chapter 12).

In this thesis, I plan to use a surgeon's approach to complex reconstruction, by studying the exact ways in which the DC jail does or does not control crime, promote democracy and value the weak. I plan to consider what reconstruction would be needed if it were to improve.

My thesis proceeds from here as follows. In the next chapter, I provide the necessary background to Washington, DC and to myself. After that, I will briefly define my terms before describing my model. It is based on the unity of physical and psychological trauma. Next come the data on the administration of the jail. This is followed by the data on the jail's inmates and employees. After that, I summarize my data and assess my theory's validity. Finally I will discuss what are the ingredients of criminal rehabilitation and what approaches at the jail would predictably and simultaneously control crime and promote trauma recovery.

## CHAPTER TWO

## THE BACKGROUND OF THE CITY AND THE AUTHOR

The reader will probably need some background to understand my thesis. To understand the Washington, DC jail, one needs to understand the history of Washington, DC. One also needs to know why I went to the jail and why I, a surgeon, was interested in psychology. One also needs to know about my diary, because it is the source of all the data in this thesis. These are the subjects of this chapter.

I. A BRIEF HISTORY OF WASHINGTON, DC<sup>1</sup>

To understand Washington, DC one must understand its role in American slavery. It remains central to the life and the problems of the city.

Washington, DC is a 177 sq. km. city of about 600,000 inhabitants (Famighetti, 1994). It sits on land once belonging to the slave-owning states of Maryland and Virginia. It is very near the Virginia plantation home of the United States' first President, George Washington, who himself owned slaves.

In 1790 the federal government, which was still in the northern non-slave state of Pennsylvania, voted to create the city of Washington in the District of Columbia. To do this, it used land belonging to the southern slave states of Maryland and of Virginia, where

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<sup>1</sup>The following section draws from my own childhood in Washington, DC and the following sources: Almquist, 1978; Billings, 1986; Famighetti, 1994; Franklin, 1939; Harvey, c. 1846; National Urban League, 1994; Nies, 1978; Simkins, 1958; Ward, 1990. They are cited in the text on specific points.

President Washington lived.

In 1800, once built, this new city of Washington, within its own District of Columbia became and remains the permanent site of United States federal government. The city's design was the joint effort of three men: the Frenchman, L'Enfant; the American white man, Ellicott and the American freeborn black man, Banneker.

In 1861, in Washington, DC and hedged in on both sides by slave states, President Lincoln declared war on the Southern slave states who had seceded from the Union of the United States to form the Confederacy. In 1865 the Confederacy of Southern States lost the war. Even before the South's formal defeat, the US Congress had passed a constitutional amendment prohibiting slavery. It took effect at the end of that year (Famighetti,1994).

The South was devastated by the war, in which 2% of America's population died (Ward et.al.,1990). The effects persisted for decades. The extreme segregation of freed blacks in Southern white society was one of the South's symptoms of unresolved, severe psychological trauma from the Civil War, in which the vanquished remained the victor. The oft-noted obsessions of Southern white men with hunting, violence and drunkenness were probably enduring symptoms of severe trauma from the war.

Some 80 years after the Civil War came the aftermath of World War II. In the years 1947 - 1970, the federal government and hence Washington, DC grew enormously. The Virginia and Maryland farms that in my childhood surrounded the city were replaced by vast suburbs, home today for three-quarters of the Washington, DC area's population. The population of these suburbs in the former slave-owning states of Virginia and Maryland is largely white. But a large number of their residents are black; 19% in Virginia and 25% in Maryland (National Urban League Research Staff,1992). The population of the city itself was formerly largely white but now is 70% black.



Few of today's white suburban residents were born or raised in or around Washington, DC. Many have come to the city from states in the North and West rather than from the former slave states of the South. Thus the city's racial and slave history has little personal meaning to most of them, but it has a lot to their black counterparts.

Virtually all American blacks are descendants of enslaved Africans, the first being sold as 'indentured servants' to Virginia landowners in 1619. Their arrival preceded the landing of the Mayflower, the ship that brought Puritan settlers to what is now Massachusetts. By 1790, one in five people in the American colonies was black, but blacks could rarely marry. Like women, they could not vote (Billings, Selby and Tate, 1986).

In 1808, eight years after it moved south to Washington, DC, the federal government made the importation of slaves illegal in the United States and it stopped the slave trade in the city. However slave states, including Virginia across the Potomac River from Washington, DC, ran a lucrative unregulated interstate trading of black slaves until the Civil War in 1861. When a slave owner died, the slaves were auctioned publicly along with the rest of the deceased's property. This trading alone destroyed many black families, selling spouses away from each other and children from parents (Harvey, c.1846.)

Further, despite attempts to control slave importation from Africa, by the mid-nineteenth century there was pressure to make it legal. Cotton-growing Southern states urged the repeal of anti-slavery laws while new slaves from Africa were being smuggled into the South in large numbers. It was this pressure that led to the Civil War (Dubois, 1986).

Among the abuses of slavery was the misuse of black girls. White male slave owners habitually and legally used bribery or force to turn their young black girl slaves into their prostitutes (Nies, 1978). This is one example of how extreme sexual abuse of children can be legal and socially condoned in a society which allows only certain groups to vote. Often black

girls' submission to such mistreatment from which they had no escape was interpreted as evidence that they were uniquely suited to it.

Although they were not openly condoned, variations of this practice persisted in my childhood. Sexual exploitation of black girls took place in the Federally-funded post office/general store of my home town, a farming crossroads with a population of 75 whites. The post office's second floor was a brothel, run by the store's owner/post master who used local black girls as prostitutes for local white men.

Virtually all black employees and inmates in the correctional system of Washington, DC would have had ancestors who were slaves, whether in DC itself, Maryland, Virginia or other Southern states.<sup>2</sup> Many would be able to trace present successes and problems back to the days of slavery. During those times it was, for instance, illegal for a Maryland slave owner to teach his slaves to read and write. One elderly female US Marshall traced her family's tradition of literacy and resulting professional employment to a Maryland slave owner and school teacher who defied the slave laws. He owned her great-grandmother and taught her to read, doing this in secret at night, in a darkly curtained kitchen.

In the 19th Century, along with the movement that opposed slavery, there arose a feminist movement. White American women demanded that white men give them legal equality and the vote. And with this came a demand for protection of children from cruelty (Nelson,1984).

Slavery and child abuse became directly linked by Southern women's demands that slavery end because of their homes' misuse as slave brothels (Nies,1978).

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<sup>2</sup>An occasional black employee of the jail was from an African or Caribbean Island country rather than from the United States.

The anti-slavery and feminist movements worked together before the Civil War. After the Civil War the federal government passed legislation giving black men the vote, but denying it to black and white women alike. This established an American social hierarchy of men over women that took precedence over race and placed black women at the bottom. Feminism but also protection of children from abuse slipped into obscurity (Nelson,1984).

The racial and gender problems and the steep pyramid of power which they supported were very obvious when I grew up. I was born in Washington, DC and raised in nearby Virginia farm country. Civil War battles had raged over the farmland and the war's wounds remained evident almost a century later. Killing Yankees was the standard school yard game. All Northern women were disreputable. Southern white women were only respectable if they worked for free at home for their men, whether fathers or husbands. The legal marrying age was 14.

Southern black women were only respectable if they worked for white women. Whether they wanted to or not, black women tended to have large families and to be their families' chief support. Contraception was uncommon and jobs for black men were rare.

At my segregated primary school in 1957, the Virginia state history book taught that the history of America was the history of Virginia. This conveniently denied the contributions from the rest of the United States, including those that ended slavery. It overtly denied the problems of slavery itself. The textbook taught that American black slaves had been well-treated by kind masters and that they had not wanted to be free. This was part of a tradition of respectable anti-black white propaganda. Books such as "The Negro, A Beast" and "The Negro: A Menace to America" had been published earlier (Franklin,1989).

This anti-black view was deeply embedded at least in Virginia thinking. A Virginia Episcopal priest led my high school religious class in a discussion of free choice versus

predetermination. He taught that a predetermined life was easier than a life with choices, just as slavery had been easier for blacks than freedom.

Needless to say, such views helped to excuse and to perpetuate America's poor treatment of its black citizens, at least in the greater Washington area. The poor treatment itself helped to keep whites quite ignorant of the black experience. In the 1950s, by law, blacks in Virginia could not use white public toilets, restaurants and schools. Neither in Washington, DC nor in Virginia could blacks enter white stores except as backroom, poorly paid employees.

It made blacks not 'human'. My local Episcopal church, which dated back to colonial times and was proud of having been visited in the 17th Century by President George Washington, was in a prosperous white area. It was unable to find 'people' who needed financial help at Christmas. Yet a few miles from the church was the dirt road with the ramshackle homes of the impoverished black families whose women worked as servants for the church's white congregation for \$5 a day.

For them, this meant a yearly income of about \$1,300. After adjusting for inflation, it may not be far off the earning power of most American black women today (Wolf,1990).

The status of blacks in my home area, as elsewhere in America, was changed by decades of social pressure from blacks and from white liberals, including Presidents Roosevelt and Truman. The changes were made permanent by various landmark rulings by Federal Circuit and Federal Appeals Court judges from the 1940's through the 1960's. The indirect effects of these rulings and of urban social programs to help the blacks were that many blacks moved off the Southern farm land and into the cities, looking for a better life. Washington, DC was one of the cities to which they came. Yet mistreatment of blacks remains a national problem (Press,26 May 1994).

Yet the improvements for blacks in America have been enormous, politically and economically. There are five black Cabinet secretaries in the Clinton administration (National Urban League, 1994, p. 159). The percentage of young black women living in poverty has fallen in the past decade (ibid, p. 218). Death rates have fallen for black women (ibid, p. 233) and so has unemployment (ibid, p. 222). On the other hand, violence has increased enormously, making the young black male death rate rise 24% (ibid, p. 234.) And although upper class blacks have increased five-fold, the non-working poor tripled in size between 1969 and 1986. The number of traditional black families rises steadily with rising class in part because both partners work (Billingsley, 1990). Using the social classes defined by Billingsley, the chiefly black DC jail represented non (legally)- working poor blacks supervised by upper and middle class working blacks.

Washington, DC - and hence its jail - has been administered in various ways by the Federal government. In this century, until 1967, three Presidentially-appointed federal commissioners ran the city. From 1967 until 1974, the city had a Presidentially-appointed Mayor and city council. Since 1974, the DC residents have elected their Mayor and their 13-member city council.

The city however is not self-supporting, in part because it can not tax the federal land and buildings which it houses. To compensate for this and to retain some control, the US Congress and US President heavily fund the city, write some of its legislation and make many of the city's appointments. For instance, all criminal prosecutions in the city are done by federal prosecutors. The city council proposes the names for local judges but they are Presidentially appointed after hearings in the US Senate. The city now has a representative to the US Congress and is lobbying for home rule, ie full self-control and the status of a state.

There is an obvious racial tension in the city. The elected local government officials

are chiefly black men. All the US Presidents so far and most of the US Senators and Representatives, are white men. As one example of the tensions, in 1990, the city's black Mayor, who supported the legalization of drugs, was arrested on federal charges of drug possession. He was convicted in the city's federal courts and sentenced to two years in a federal prison. On his release, he returned to the city and was re-elected to the city council by his constituents and was re-elected Mayor of the city, in November 1994.

But beneath the obvious racial tensions is a more complex struggle for power, as my case illustrated. I was jailed indefinitely for civil contempt when I refused to obey the orders of a black judge of the DC Superior Court. These orders directed me to send my infant daughter on unsupervised visits with her white birth father. He had repeatedly and extremely severely abused my child on visits and despite sending her back, the judge framed her risk of rape as in 'equipoise' or 50% (Morgan v. Foretich, 2 July 1987).

Many white men saw my case as 'reverse racism', a black judge settling racial scores by mistreating a white woman. They found support for their view in 1989, when a black Washington, DC Appeals judge opposed my release from jail, commenting that a black woman would be treated worse by a white judge in a southern state (Washington Post, 1989).

But women, both black and white, tended to see my case as a gender not a racial struggle - a male judge supporting the right of men to abuse women and children.

A more subtle view was taken by many black inmates and officers in the DC jail. To them, the case was one of government abuse of power - its combined power of gender, race, money, education and class - for the continued oppression of the weak, including women, children and most black men. To these people of the jail, my black judge had taken on the white man's values, choosing some laws to protect a rich, white abusive man while choosing others to jail poor, black men for the same or lesser behaviors. These people of the jail

appeared to know the most about social power and social problems, as research suggests that such groups do (Essed,1991).

Thus racial, gender, financial, educational and social power all played a part in the city. The people who understood it best appeared to be the people of the DC jail, whether employees or inmates. To understand how I came to be one of them, requires a brief review of my case and my background.

## II. The Author

### 1. The Author and the DC Jail

I entered the jail in August 1987. I was incarcerated indefinitely for civil contempt as I had been twice before. The third jailing, like the previous two, arose from my refusal to obey Family Court orders of unsupervised visits of my infant daughter with her abusive birth father. My thesis is based on the diary which I kept throughout my third jailing.

This jailing was different from the earlier two. Those jailings had been short and there had been some hope of early favorable rulings on appeal and in Federal court hearings. By August 1987, there was no such hope. Therefore, shortly before my third jailing, I sent my daughter out of America to live safely with my parents. I stayed to seek legal protection of my daughter in America - a futile effort as it turned out.

Naturally, I refused to divulge my child's whereabouts to the judge. The purpose of my jailing was to make me turn my child over to her abuser to buy my freedom. Among other effects, this required me to change my religious beliefs. I was confident, as a mother, that protection of my child was right. But my disobedience of the judge's orders arose also from my confidence that there was a higher moral authority than the judge. I believed that God, as I understood God, required me to protect my child from abuse, whatever the cost to

me.

The American constitution protects religious freedom. Nevertheless the American judicial power to punish people for their religious beliefs traces back to similar powers held by the British monarchy. Since Henry VIII, the monarchs have been spiritual and temporal rulers. Religion in Britain remains closely linked to the monarchy and politics (Harmer,1990). When America rebelled from British rule, American judges took on the British monarch's right to arrest and indefinitely detain non-criminals. The monarchs used the power to compel people to retract religious beliefs which challenged political power (Gerard,1597). In some ways, this was the power used to jail me.

This third jailing of mine made me a three-time recidivist, albeit a non-criminal one. I was well known to many jail employees and inmates. I was housed on the South-One cell block, one of the four (later five) female blocks in the jail.

I kept a diary for legal reasons. The judge's personal animus against me seemed quite clear. When I was jailed, he secretly issued an order purporting to be at my request., It was not at my request. But the judge's order directed that I be put in solitary confinement. Within days, the jail 'Adjustment Board' released me. It was my first intimation that there was in some way a covert rebellion in the jail against the power of the courts.

As soon as I was free from solitary confinement, the judge had a courthouse liaison officer contact me. I was transferred without explanation to the jail's 5-bed female infirmary where a psychiatrist appeared. This suggested that the judge had ordered my psychiatric assessment without notification to me. This seemed likely to be either to obtain a spurious psychiatric diagnosis to discredit me or to forcibly administer psychoactive drugs to me so that I would reveal my child's location.

Two fellow female inmates in the infirmary realized this before I did. They both had



survived extreme childhood abuse. They so verbally abused the psychiatrist that he left without speaking to me. I was returned at once to the general cell block. This made me wonder if the jail's covert rebellion against the system's power was linked to childhood abuse.

During these early days of my jailing, I was warned by mid-level jail employees that 'the man at the top' wanted my daughter 'so bad that he can taste it.' I was told that the administration had ordered my phone conversations to be recorded and my mail opened and read. I was advised to disregard the jail senior 'officials' who denied doing this. I was warned by employees and by inmates that women criminal inmates were being openly offered unconditional release if they obtained my child's location from me.

I was also interrogated without warning by the city police and by religious, psychological and administrative employees of the jail. All interrogators sought to elicit from me the location of my child.

Some did so enthusiastically. Others, both men and women, began by apologizing, explaining that they were acting under orders. Before asking their questions, they made certain that I would not answer them. This secret collusion of jail administration with the court and the intense but even more secret opposition to it by some employees and inmates made me wonder why. Many of these people were black, but I was white. Many were poor, but compared to them I was rich. Many were employees, but I was an inmate. They enforced the laws. I disobeyed it. Why were so many volunteering to be my allies?

The judge's treatment of me led my lawyers to direct me to keep a diary of events. I did so from my admission to my release over two years later. I regularly sent it out of the jail through an attorney to avoid my personal papers being seized from my cell which they were at least one time.

The diary is about 250,000 words long. It is unlikely to be replicated. I was jailed

longer than any other non-criminal inmate, male or female, in American history.

The diary is a representative but not a complete account of life in the DC jail. I omitted a good deal to protect myself, my fellow inmates and our officers should the diary be seized.

Some omissions included accounts of misconduct, brutality and rape by officers, inmates and courthouse employees. It included inmates' accounts of how they or their lawyers bribed judges and police to destroy records and to throw out cases.

Other omissions were emotionally self-protective. Many officers and inmates told me of their own childhood abuse. These were painful for me and I did not record many of them.

Further, my own depression from my child's severe abuse, the futility of my efforts to get her protected, my humiliation by the judge and the abuser and my fatigue from cell block life often led me to make no entries for several days or even several weeks. So my diary is a sample of jail life. It is not a full record of every detail.

On my release from jail, I retrieved the diary. Once I was able to join my daughter and my parents in New Zealand, I transcribed the handwritten notes and set out to examine them psychologically.

## 2. The Author's Psychological Background

My interest in psychology began at home. In 1951 my parents established one of the first full-time private psychological consulting practices in the United States. The practice was chiefly educational assessment and psychological counseling of disturbed white, middle-class school-age children.

The practice was fully integrated into our family's life. The practice ran from 8 am to 10 pm, or later, 364 days a year. Like my brothers, I worked much of the time in the practice,

except when at school or doing academic work. I was a paid psychological assistant for fifteen years, starting at age 7.

By that age, our work included greeting clients, taking phone calls, scheduling appointments, relaying messages, scoring and later administering tests, preparing meals for clients, supervising them during testing and breaks, preparing papers for reports and providing a model of good behavior for clients.

My brothers and I were also taught to socialize with clients, observe them and report our observations during family discussions of each client. Thus my entire family knew everything about every client. Their successes and failures were followed by everyone in the family.

The practice's therapeutic emphasis was on educational assessment and guidance followed by behavioral training and positive reinforcement. This was done using individual therapy, but also by educating and advising the parents and teachers about the changes in their behavior which were needed. Academic improvement and vocational guidance were the practice's specialty. Many children improved noticeably but the more severely disturbed ones did not. Their adult behavior was invariably criminal or self-destructive. It included car crashes, murder, juvenile delinquency, organized crime and wife battering as well as chronic physical and psychological victimization and suicide.

All of these children were white, all were privileged and most were of at least average intelligence. Even at the time, many were known to be severely abused at home or to be otherwise severely traumatized. But psychological trauma's importance and its dissociative effects were not yet re-discovered. It would be thirty years or more before the diagnostic and therapeutic techniques needed to deal with it would be developed (Hornstein,1993). To use a surgical analogy, my parent's psychological practice was equivalent to surgery in the days

before x-rays, blood transfusions and respirators. Major trauma could not be adequately treated.

Only a few of these children were ever jailed as adults. They tended to be exceptionally leniently treated because of their privileged social class. The children's destructiveness of themselves and of others could not be explained by poor education, low intelligence, lack of opportunity, poverty or minority class. Yet as children, they were sweet, unhappy and desperate as well as baffling, distant, destructive and frustrating.

What was striking to me in jail was that my fellow inmates' behavior was so similar to that of my parents' most disturbed clients, although the two groups were different in education, race, social status and opportunities. Both groups seemed to have suffered particularly traumatic childhoods.

As a surgeon, I found it helpful to think of their and my own child's post-traumatic problems as fractures. People with multiple severe fractures can not behave normally and can not recover spontaneously. They will predictably recover with orderly, professional care of the fractures. This raised the possibility that my severely psychologically traumatized fellow inmates could no more behave safely than patients with two untreated broken legs can get up and walk. Further it suggested that improving their education, social status and opportunities alone would not fundamentally alter the behavior. Similarly good nutrition can not realign complex fractures.

This train of thought led to the theory which I propose that there is a very close similarity - I suggest a unity - of physical and psychological trauma. My power pyramid analogy similarly suggests that there is a very close similarity - if not unity - between family abuse and crime. This means that the principles of physical trauma care and recovery can be applied to jails as well as trauma wards. It also means that the principles of psychotherapy of abused families can be applied to abusive institutions including an abusive jail.

In the next chapter, I will define my trauma terms and in Chapter Four I will present the details of my theory.

### CHAPTER THREE

#### WHAT IS TRAUMA?

#### DEFINITIONS OF TERMS

A few words in my thesis need to be clarified before going further. These words are physical and psychological function; trauma and traumatic events; unsafe behavior, criminal behavior and crime.

##### I. Physical and Psychological Functions

Psychological is commonly used to mean the opposite of physical. This promotes a false 'either/or' thinking about our psychological and physical function. It tends to disparage psychological function as something unreal, magical, unimportant or existing outside our bodies. I mention this use of psychological function only to reject it.

Our psychological function, as I define it, occurs in our brains and hence is one of various physical functions. In time NMR and other functional brain scans are likely to make our psychological functions as visible as our other internal physical functions (Posner,1988).

To compare our psychological with our other physical functions however, I need to distinguish between them. Accordingly, here physical means all forms, orders and functions of our body except the psychological ones found in the brain. Psychological means all the so-far-invisible but nevertheless physical forms, orders and functions of our brain networks which perform psychological functions, eg cognition, dissociation, consciousness, emotion, behavior, memory, choice, perception, learning, language, intelligence, interpersonal relations.

## II. Trauma

### 1. Trauma and Traumatic Events

To anyone other than a surgeon, it often comes as a surprise that trauma simply means injury. The words are synonymous. A wound is also a trauma or injury. But I do not use wound in this thesis, because three interchangeable synonyms seemed more confusing than helpful.

Unless I distinguish physical from psychological trauma, I use 'trauma' to refer to both together.

Trauma (or injury) is caused by a traumatic (or injuring) event. Most traumatic events are predictable and preventable, not 'accidental' (Langley,1988). The event is not the trauma but it is easy to confuse the two and this is often done. It only creates more confusion. To keep it clear, a gun firing, a car crashing or a rape is the traumatic event. The resulting lung rupture, broken leg, post-traumatic stress disorder or specifically disturbed behavior pattern is the trauma.

Knowing the nature of the traumatic event never reveals what it did to a person. It only suggests the likely possibilities. Highly traumatic events such as sexual abuse and high speed car crashes commonly cause certain types of traumas. The abuse, if severe, may cause multiple personalities. The car crash, if severe, may cause rupture of the spleen. But both events have many other possible effects and combinations of effects. In some cases, people may escape uninjured from these and other very severe traumatic events, even when those around them are badly injured. (Vermeiren and Hoye,1991).

And for reasons explained in Chapter 4, people may have severe traumas from a series of apparently minor traumatic events (Weston,1991). Whatever the event or events, only examining the survivor identifies that person's traumas.

## 2. Trauma Severity

Traumas differ greatly in severity. Severity depends on the number of injuries, the severity of each injury and the types of injuries, ie what is broken, how badly and where.

Most traumas are minor. We recover from them spontaneously. They need no treatment. Other traumas are immediately fatal.

In my thesis, I am considering severe but survivable traumas. They are less common than minor ones but proportionally much more difficult to treat. They account for most of the cost of trauma care (Guria,1990). Spontaneous recovery from them is not possible. But prompt, orderly treatment usually permits full recovery and a return to a useful life.

When the trauma includes amputation of body parts, transection of the brain or spinal cord, extensive scarring or death of large sections of tissue, full recovery may not be possible. In these circumstances, trauma care will enable not full recovery, but the fullest possible recovery.

An important aspect of trauma severity is the number of severe traumas found in a person. A person with two severe traumas has 'multiple trauma' and is more severely injured than a person with one severe trauma. Surgeons tend, myopically, to consider only physical traumas when they write about multiple trauma. This is only because surgeons don't treat psychological traumas.

Multiple psychological traumas can exist alone or along with physical ones. A person with a broken leg and a ruptured liver has multiple trauma. A person with a broken leg and a post-traumatic stress disorder has multiple trauma. A person with post-traumatic bulimia and post-traumatic multiple personalities also has multiple trauma.

Multiple trauma may result from one traumatic event, a series of similar ones or several different ones. It does not matter. Regardless of its origins, a person has multiple



trauma if he or she has two or more severe traumas which have not healed.

### 3. Trauma Recovery or Healing

Trauma recovery or healing is the return of pain-free, normal function or as near normal as possible.

A person with multiple trauma may recover completely from one injury before others are even recognized. It is not uncommon for instance for serious psychological injuries to be neglected while serious physical ones are surgically treated and recovering rapidly.

Until all the traumas are healed, a person's trauma recovery remains incomplete.

### 4. Trauma Care versus Supportive Care

Trauma care is the physical or psychological care which is required for recovery from a specific type of injury. The care may be surgical, eg suturing lacerated tendons. The care may be psychological, eg enabling dissociated personalities to feel safe and become co-conscious. The care may be medical, eg using antibiotics to kill bacteria in an infected wound. Whatever the step, trauma care reverses the specific effects of a specific injury or a complication of it so that normal function can return.

For the severely injured person, supportive care is usually a necessary precursor to trauma care but it is not a substitute. Supportive care prolongs survival but does not lead to recovery. Transfusions are supportive care for hemorrhage but will not themselves stop major bleeding. Similarly, a telephone hotline for sexual abuse survivors may provide supportive care for those with multiple personalities but will not itself lead to personality fusion.

### III. Behavior

#### 1. Unsafe or Traumatizing Behavior

I divide behavior into safe or unsafe. It is unsafe if it physically or psychologically injures or endangers the person, those around him or both. Traumatizing behavior is a synonym for unsafe behavior.

Unsafe or traumatizing behavior can be a single act or a persistent pattern. The resulting traumas caused by the behavior may be physical, psychological or both. Thus both a person who verbally abuses and another who drives dangerously have unsafe behavior. Both of these behaviors endanger others by being likely to cause severe traumas in others. The dangerous driving simultaneously endangers the driver.

Some unsafe or traumatizing behaviors are criminal behaviors. That is, these behaviors violate the criminal laws in a person's jurisdiction. Many criminal behaviors such as prostitution, drug use and reckless driving are both physically and psychologically unsafe. These are not victimless crimes. The perpetrator may also be the victim.

Other criminal behaviors, such as embezzlement and theft, are only psychologically (including economically) injuring and only endanger the victim.

On the other hand, criminal prosecution itself is traumatizing. So embezzlers who are likely to be caught are endangering themselves as well as others when they commit their crimes.

Many people with criminal behaviors are not criminals. That is, for the same behaviors, some people are never arrested while others are. This tends to correlate with gender and class. For instance, in Washington, DC it is a crime for a person to solicit another person for prostitution. Prostitutes, their pimps and their customers all have criminal behaviors. Only the prostitutes go to jail. Customers may be convicted but are never jailed. Pimps are not

arrested. These pimps have the same criminal behaviors as the prostitutes have but unlike them and their customers, the pimps are not criminals.

Not all crimes reflect unsafe or traumatizing behavior. For instance, certain American churches were prosecuted for helping Central American refugees flee civil war and oppression. Rather than being unsafe behavior, these crimes promoted trauma recovery. Such safe crimes are not represented in my diary.

Armed with these terms, it will be easier to understand my theory, which is the subject of the next chapter.

## CHAPTER FOUR

## THEORY:

## THE UNITY OF PHYSICAL AND PSYCHOLOGICAL TRAUMA

It is my argument in this chapter that highly unsafe or traumatizing behavior, including most criminal behavior, reflects underlying severe psychological trauma. Therefore, criminal rehabilitation is a form of trauma recovery. I will begin however at the beginning, that is with physics. Understanding basic physical concepts of energy, time and space are necessary to understanding trauma.

I should first point out that the concepts in my theory, although developed from physics and the study of trauma - are also important concepts in sociology. They include the rejection of duality, the importance of the invisible and the contraction of time and space (Star,1991).

I. THE PHYSICS OF TRAUMA <sup>3</sup>

The concept of energy is basic to trauma. Excess energy causes trauma by disrupting the order and function of our body. It can do so by delivering excess energy to the person, as it does with a hot flame or a threatening yell. But trauma can also result from depletion of excess energy, as happens with cold exposure or emotional abandonment by our parents.

Although we usually think of physical and psychological energy as being different, the

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<sup>3</sup>The following section derives from the work of Gribbin, 1991; Ferris, 1988 and Hawking, 1990.

universe contains a finite amount of energy. And as well as we can understand it, there are at most four sources of it: electromagnetic, gravitational and weak and strong nuclear sources. These four energy sources may be one type of energy, expressed four ways. They are the only known sources of energy.

So it means that there is no point to arguing about whether 'psychological' energy can cause physical trauma. As far as is known, 'psychological' and 'physical' energy like all others come from the same four energy sources. Since we live in a physical world, they must all have physical effects.

When it comes to psychological trauma we don't know exactly what energies are involved or exactly how they cause the damage. But psychological interactions do obey physical energy laws (Langs and Badalamenti, 1994). Further our psychological functions have a physical location - networks in our brains. Excess energy coming into these networks or draining from them will harm them, just as excess energy harms other cell networks. Different networks are vulnerable to different amounts and types of energy.

Four additional concepts - order, mass, time and space - apply to all thinking about energy. So they also apply to our thinking about trauma. These concepts arise from millennia of physical observations, explanations and predictions. They represent the best sense we can make at present of our world. Although the mathematical equations behind them rapidly become complex, the four concepts are simple and almost self-evident.

#### 1. Order:

Physical reality has an underlying single, beautiful, invariable original order wherein lies its energy. Our world has evidence of many breakages in this original order and when it is broken, energy is released. Because it represents disrupted order, trauma reflects a lessening of our inherent energy. I call this inherent energy our power.

## 2. Mass:

Energy and mass are different expressions of the finite matter in our physical world. Energy is no less real than mass and the two are interchangeable. A camera loses an infinitesimal amount of matter when the camera flash goes off. The person being photographed gains an infinitesimal amount of matter from the flash. Similarly, a verbal abuser gives off and a victim receives an infinitesimal amount of matter during the abuse.

## 3. Space:

There is no such thing as a void in our world. Space is only a word to express invisible interrelationships. 'Empty' space is packed with invisible interrelationships between energy and mass. Thus psychological relationships are not the only kind of invisible relationships in space. They are only one kind of the many that pack our space. Any trauma that alters our external relationships has traumatized the space around us.

## 4. Time:

Time is part of physical reality. Movement through time is our world's fourth dimension and physical reality cannot be understood without it. Thus no trauma can be understood as a pinpoint in time.

Since order, energy/mass, space and time are essential to understanding our world, they are essential to understanding trauma.

Trauma is one way of breaking up the world's order. Severe trauma breaks our personal order, that is the order within our bodies and in our outside space. Physical trauma, no less than psychological trauma, affects a person's invisible outside space.

Trauma occurs when excess energy enters or exits our bodies, in amounts great enough to disrupt bonds within and between our cells. This is how our existing order is broken.

Trauma recovery is restoration of order. In this sense, trauma recovery reverses time. Trauma recovery also requires energy and time to restore order to both our internal and external spaces. Healing broken bones and fusing multiple personalities restore order to both our internal and external spaces.

Most thinking about physical trauma tends to be three-dimensional. Movement of trauma in time is often forgotten. The traumatic event and the resulting traumas are seen as happening in a pinpoint of time. This approach amputates physical trauma's past and its future. This in turn amputates its obvious relationship with psychological trauma.

Studies of all severe trauma show that it has both a past and a future. Trauma is repetitive. Very unsafe people are likely to have been very traumatized in the past (Becker, Kaplan, Tenke and Tartaglini,1991). Having past severe traumas predicts having future severe traumas (Bergman and Brismar,1991; Boyle and Decoufle,1987). Indeed, whatever the trauma, as its severity rises, the injured or those sharing their injured space are increasingly likely to die young. Further, the past traumas and the future traumas can vary. They need not be the same. This motion of physical and psychological trauma together across time is shown in Illustration II, on the next page.

As a severely traumatized person moves along time, she/he moves in traumatized space. This means that their invisible relationships with the world and other people are damaged. The other people in this space are likely to be injured because they are in a traumatized space. This is true whether they are family or strangers (Frutiger, Ryf, Bilat, Rosso, Furrer, Centieni, Ruedi and Leutenegger,1991; Gondolf and Foster,1991; Barnes,1986; Becker et.al.,1991; Boyle and Decoufle,1987; Fullilove, Fullilove, Smith, Winkler, Michael,

Panzer and Wallace,1993).

This concept of trauma evolving and worsening over time in a traumatized space is important. It makes the originally injured person a potential vector as well as a victim of trauma. Someone in the traumatized space becomes increasingly likely to die. This means that trauma does not travel in time along a line, but in a curve. It will be increasingly likely to end in early death for someone in the traumatized space. The person who dies need not be the originally injured person. This Death Spiral of trauma is also shown in Illustration II.

In the United States and other surgically advanced countries, physical traumas are rapidly and usually effectively treated but the pattern persists. This means that neglected severe psychological traumas maintain the Death Spiral of trauma by producing unsafe behaviors. How they do so becomes a matter of choice. Later in this chapter, I consider the role of choice in the Death Spiral of a person with very severe trauma.

## II. SIMILARITIES OF PHYSICAL AND PSYCHOLOGICAL TRAUMA

General considerations aside, what could a broken thigh or any other physical trauma possibly have in common with a psychological trauma such as post-traumatic stress disorder? The broken thigh and other physical traumas have some obvious characteristics: 1) visibly disrupted gross anatomy; 2) injury at the point of contact; 3) injury which is repaired by surgeons. Psychological trauma shares none of these characteristics. They must therefore be fundamentally different.

This simple, self-evident analysis is, in fact, quite wrong. It arises from far too little experience with severe physical traumas. They are often not visible. They may be far away from the point of contact. They may be surgically irreparable. Most people do not know this because they have only seen minor physical traumas.



ILLUSTRATION II

TRAUMA TIME LINE

PAST

PINPOINT PRESENT

FUTURE



MOVEMENT OF TRAUMA THROUGH TIME AND SPACE

THE DEATH SPIRAL

FUTURE

More and more severe traumas  
of people in the traumatized space

DEATH

Becomes increasingly likely  
of self or others in the  
traumatized space

PRESENT

New, severe traumas which  
may involve others in the  
traumatized space

PAST

Original severe injury,  
no recovery

There is no minor physical trauma equivalent of the organ failure syndromes of severe physical trauma. It is these syndromes which are, I suggest, the physical analog of psychological trauma.

Organ failure syndromes, like severe, psychological trauma, are 1) invisible, 2) microscopic, 3) distant to the point of contact, 4) not surgically repairable - and 5) much more likely to be fatal than a broken bone or other surgically reparable trauma.

Organ failure syndrome is a term describing widespread malfunction and often complete shut-down of organs such as kidney, lung, liver and brain. (Faist, Baue, Dittmer and Heberer, 1983; Henao, Daes and Dennis, 1991). The organ failure syndromes are real and severe traumas, found with other severe traumas. They are invisible simply because they affect invisible cellular networks instead of visible gross anatomy. It seems fairly easy to see severe psychological trauma as one kind of organ failure syndrome. As such, it could occur with or without visible, physical trauma, as indeed it does.

What is known about organ failure syndromes suggests why severe psychological traumas can not recover spontaneously. Organ failure syndromes are associated with release of massive amounts of neurohormones many of which are vasoconstricting molecules. These can cut off oxygen flow to injured cells. In Section V, I propose a model, suggesting that neurohormones cause changes in blood flow which may explain why psychological trauma does not heal spontaneously and how psychotherapy reverses it.

There are a host of other similarities between physical and psychological trauma. For instance, in both types of trauma, changes in consciousness are reliable indicators of injury severity (Brende, 1984; Hershman, Cheadle, Kuftinec, Polk and George, 1988). There are physiologic and endocrine similarities (Blanchard, Kolk, Gerardi and Ryan, 1986; Blanchard, Kolb and Prins, 1991; Blanchard, Kolb, Prins, Gates and McCoy, 1991) and elevations of the

same neurohormones, (Calvino, Besson, Mounier, Kordon and Bluet-Pajob,1992; Carey, Cloutier and Lowery,1971; Delbende, Delarue, Lefebvre, Tranchard, Szafarczyk, Mocaer, Kamoun, Jegou and Vaudry,1992) which rise with the cumulative severity of the traumas. (Blanchard, Kolb, Prins, Gates and McCoy,1991; Davies, Newman, Molyneux and Grahame-Smith,1984; Douglas and Shaw,1989). These elevations persist as long as the traumatic situation persists (Deklunder, Rivolier and Cazes,1989) unless an effective solution to it has been found (Dantzer,1984; Levine,1983).

Both kinds of traumas, probably through neurohormones such as the catecholamines are associated with disruptions of the gastrointestinal (Drossman, Leserman, Nachman, Li, Gluck, Toomey and Mitchell,1990; Felitti,1991), respiratory (Moran,1991; Herndon, Langner, Thompson, Linares, Stein and Traber,1987; Barthauer,1990) circulatory, hematologic and immune systems (Freedman, Embury, Migaly, Keegan, Pandey, Javaid and Davis,1990; Naliboff, Benton, Solomon, Morely, Fahey, Bloom, Makinodan and Gilmore,1991; Knapp, Levy, Giorgi, Black, Fox and Heeren,1992; Abraham,1982; Moran,1991; Buske-Kirschbaum, Kirschbaum, Stierle, Lehnert and Hellhammer,1992; Hershman et.al.,1980) and with increased likelihood of infections (Davis, Albert, Tracy, Calvano, Lowry, Shires and Yurt,1991; Cruse and Foord,1973; Gutman, St. Claire, Weedy, Herman-Giddens, Lande, Niemeyer and McKinney,1991; Poret, Fabian, Croce, Bynoe and Kudsk,1991; Cohen, Tyrrell and Smith,1991). Psychological trauma as well as physical trauma can cause post-traumatic sympathetic dystrophy (Gainer,1993.)

Both kinds of trauma have a significant incidence of post-traumatic stress disorder (Epstein,1993). Both require complicated medical care (Koss,Koss and Woodruff,1991) and have a significant incidence of late death by trauma, including by suicide. (Frutiger et.al.,1991; Canterbury Suicide Project,1992 & 1993; Krarup,Nielsen, Rask and Petersen,1991)

Both are common (Champion, Copes, Sacco, Lawnick, Keast, Bain, Flanagan and Frey,1990; Bushnell, Wells, Oakley-Browne,1992). Both evoke social responses of denial (Dell,1988; Lynch,1985), minimization of their importance (Lucas, Ledgerwood, Gursel, Salciccioli and Darmondy,1986) and victim-blaming, in proportion to the victim's social power (Newacheck and Halfon,1986; Lapidus, Braddock, Banco, Montenegro, Hight and Eanniello,1991). This leads to the particular neglect and blaming of child victims. (Seidel,1986; Kaufman and Rudy,1991; Oler, Tomson, Pepe, Yoon, Branoff and Branch,1991; Jaudes and Morris,1990; Jellinek, Murphy, Poitras, Quinn, Bishop and Goshko,1992; Graziano and Mills,1992; Goodwin,1985; Kempe,1978).

In both physical and psychological trauma, small children are widely - and wrongly - believed to be uniquely able to resist and spontaneously recover from severe traumas. Instead, children, being weaker, are more vulnerable to all trauma (Banco, Lapidus and Braddock,1992; Lapidus et.al.,1991). Compared to adults, children need comparable treatment to recovery from similar and similarly severe traumas. (Nurco, Kinlock and Hanlon,1990; Nayduch,Moylan, Rutledge, Baker, Meredith, Thomason, Cunningham, Oilder, Azizkhan and Mason,1991; Knudson, Shagoury and Lewis,1992; Pollack, Alexander, Clarke, Ruttiman, Tesselaar and Bachulis,1991; Rogers and Osborn,1992; Summit,1990).

Thus physical and psychological trauma have many specific differences but are fundamentally the same. Their similarities are, I believe, so extensive, that the two types of trauma are one and the same. Trauma is a unity.

In the next section I will show how the severity of any trauma is affected in the same ways by the same factors. These can be expressed in a series of rather simple equations.

### III. A BASIC TRAUMA EQUATION AND FACTORS THAT MODIFY IT

Our trauma is the total effect of excess energy on us. Since energy is cumulative, excess energy has cumulative effects over time. This is how severe multiple traumas can result from a series of minor traumatic events such as forced marches, constant criticism, and water torture.

On the other hand, people have inherent energy, ie powers that enable them to resist trauma by resisting the exit or entry of excess energy in their bodies. These powers protect against trauma.

Different powers can be used to resist different energies. Fast reactions at the steering wheel may avoid an impending car crash. Using ear plugs may avoid psychological trauma from a verbal attack or physical inner ear trauma from a rock concert. The social power of a particular race or social class can also be important in avoiding trauma (Grabb,1990), e.g. by being able to buy a larger, safer car or to live in a safer area.

Powers vary between people and over time. Our total power to resist traumatic energy is the sum of all our physical and psychological (including social) energies at that moment. The relationship can be expressed in a simple equation, using the following symbols:

- E is the total excess physical and psychological energy which has entered or exited a person over time;
- P (original) is the person's total physical and psychological powers to resist excess energy at the start;
- P (remaining) is the total power that remains at the endpoint;
- T is the total physical and psychological trauma incurred.

Fig. 4.1

TRAUMA EQUATION #1:  
BASIC TRAUMA EQUATION

$$E = T = P \text{ (original)} - P \text{ (remaining)}$$

Thus our loss of power is our trauma.

The four factors that modify this basic trauma equation are:

- 1) the clinical complexity of our traumas,
- 2) the effects of strengthening our residual powers,
- 3) the effects of spontaneous healing and
- 4) the effects of trauma care.

I will consider the effects of each factor on the basic equation.

#### 1. The Clinical Complexity of Trauma

Trauma's clinical complexity lies in the number of traumas, types of traumas and the severity of each trauma. This complexity arises from our own physical and psychological complexity and orderliness. Understanding our own order is part of understanding trauma. The human belly alone and merely to the naked eye has an orderly design and packaging of spleen, liver, stomach, intestines and much more that makes designs of cars and buildings seem amateurish.

But inside each of our belly organs is further internal order, going down to smaller and smaller networks of veins, ducts, arteries, lymphatics, connective tissue and nerves until every cell of every organ is somehow connected to every other part of the organ and the body.

But the order continues at a smaller scale. Under a microscope, one can see local cell

networks within each cell and ultimately there is the molecular order. Yet the molecules themselves are orderly arrangements of atoms, themselves an orderly arrangement of neutrons, protons and electrons....themselves an orderly arrangement of quarks and leptons.

Our order is extraordinary. All our functions including our behavior depend on it. Because order is so complex, trauma is complex. Because the brain integrates the actions of the rest of the body, brain traumas including psychological ones will be especially complex.

There are about forty broad categories of symptoms of physical and psychological trauma. I arrived at this figure by sorting post-traumatic symptoms reported in a broad variety of publications, from first-hand accounts of survivors to professional accounts in psychology and surgical textbooks. The categories are shown in Fig. 4.2.

Fig. 4.2

## CATEGORIES OF TRAUMA'S EFFECTS

## I. EFFECTS ON REGIONAL ANATOMY

## A: HEAD AND NECK, incl

1. Facial use and expression
2. Mouth, voice and speech
3. Nose and taste
4. Ear and hearing
5. Eye and vision
6. Facial orifices/(openings)

B: HAND AND FOREARM, incl.  
manual use & expressionC: PERINEUM AND PELVIS,incl.  
perineal/pelvic orifices

## D: CHEST AND UPPER ARM

## E: ABDOMEN AND TORSO

## F: LOWER EXTREMITY

## II. EFFECTS ON SYSTEMS

## A. NEUROLOGIC, incl. psychological,e.g.,beliefs, emotion,memory

## B. RESPIRATORY

## C. GI AND NUTRITION

## D. ENDOCRINE, incl. metabolic and drug effects

## E. CARDIOVASCULAR

## F. HEMATOLOGIC

## G. URINARY, incl. electrolytes

## H. SEXUAL AND REPRODUCTIVE

## J. MUSCULOSKELETAL + MOTOR, including physical behavior

## K. CONNECTIVE TISSUE, incl. skin

## L. IMMUNE

## III. OTHER INTERNAL EFFECTS

## A. TOUCH

## B. COMFORT/PAIN

## C. TIME

## D. BODY TEMPERATURE

## E. DEVELOPMENT AND MATURATION

## F. REGULATORY AND REPETITIVE PROCESSES

## G. RELATIONS WITH SELF

## IV. EFFECTS ON EXTERNAL RELATIONSHIPS WITH:

## A. LEARNING AND TEACHERS

## B. RULES AND EXTERNAL AUTHORITIES

## C. WORK/PLAY AND WORKERS/PLAYERS

## D. STRENGTH AND THE STRONGER

## E. WEAKNESS AND THE WEAKER

## L. RELIGION AND GOD

## F. EQUALITY AND PEERS

## G. MIXED GROUPS

## H. ANIMALS

## J. OBJECTS AND MONEY

## K. PLACES



This is not a clinically useful list for trauma diagnosis because the categories are too large. But it can illustrate the infinite variety of human traumas as follows.

Psychological and physical symptoms of trauma are widely represented in each of the forty categories. So the number of possible combinations of trauma symptoms is twice  $(40)^{(40)}$  or more than a million million million million million million. Thus the first trauma equation now reads:

Fig. 4.3

TRAUMA EQUATION #2:  
TRAUMA COMPLEXITY

$$\begin{aligned} \text{Types of E} &= \text{Types of T physical} + \text{Types of T psychological} \\ &= \text{Types of P (original)} - \text{Types of P (remaining)} \end{aligned}$$

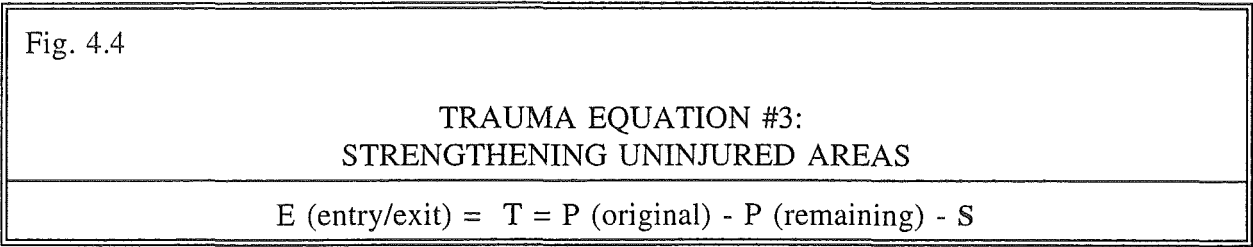
$$> 2 \times (40)^{40}$$

The modified equation is infinitely complex, explaining the paradox that trauma is both simple and complicated. It is simple because trauma is simply disruption of order by the entry or exit of excess energy. It is complicated because our order is complicated and is disrupted in specific areas which produce complicated combinations of trauma type and severity.

The equation suggests that two similarly but severely traumatized people will rarely if ever have identical traumas. This in fact is the case. If we look closely enough, each person's severe traumas are unique. (Fulda, Brathwaite, Rodriguez, Turney, Dunham and Cowley, 1991; Friedrich, 1991).

2. Strengthening Uninjured Areas

Even if we are severely traumatized, we can regain power by strengthening areas where we have not been injured. This makes it possible for a strong person to also be a severely injured one. This again modifies the trauma equation and adds a new symbol, S, total strengthening over time of uninjured functions:



This modification of the basic equation illustrates the changes that occur with maturation and the potential danger of rehabilitating severely psychologically injured criminals. A child with severe psychological injury will mature and get stronger, but the injuries persist. The child becomes capable of even greater dysfunction.

If the injuries remain neglected, the child may become a criminal. Rehabilitation programs that neglect the psychological injuries will increase the person's total strength but will not lessen the psychological dysfunctions. The result will be a stronger, not safer, person.

3. Healing Injuries: The Role of Oxygen

Injuries can heal spontaneously. If they did not, we would soon die from accumulated minor injuries.

All healing depends on re-oxygenation of our injured cells (Kloner and

Przyklenk,1991). Trauma causes a loss of oxygen at a cellular level (Korthals, Gieron and Wisniewski,1989; Newton, Greenwood, Britton, Charlesworth, Nimmon, Carroll and Dolke,1992). This is true of all physical trauma (Carrico, Mehrhog and Cohen,1984). Metabolic scans of the brain suggest that it is also true of psychological trauma (Gallhofer, Trimble, Frackowiak, Gibbs and Jones,1985; Greenberg, Hand, Sylvestro and Revisich,1979; Posner,1988; Oder, Goldenberg, Spatt, Podreka, Binder and Deecke,1992; Hemmingsen, Barry and Hertz,1979; Mathew and Wilson,1991; Trezepacz, Hertweck, Starratt, Zimmerman and Adatepe,1992; Waxman, Davis, Black and Ransom,1990).

Spontaneous healing happens this way. Excess energy disrupts cells' membranes and connections. As a result, fluid inside the cells leaks out. It blocks oxygen which cannot osmose through the fluid. So the injured cells get no oxygen even though plenty of oxygen may be available a few microns away.

Soon our capillaries absorb the fluid and in a few days oxygen reaches the injured cells. They and their injured networks begin repairs and the injured cells and networks heal and function normally again.

This spontaneous healing again modifies the basic trauma equation, as illustrated in Equation 4.5. It also requires a new symbol **H**, the sum over time of all spontaneous physical and psychological healing.

Fig. 4.5

TRAUMA EQUATION #4:  
SPONTANEOUS HEALING

$$E = T = P \text{ (original)} - P \text{ (remaining)} - S - H$$

There are limits to spontaneous healing. If the traumas have damaged the supply of oxygen in ways besides leaked cellular fluid, spontaneous healing will not occur. Healing cannot take place because the leaked fluid is absorbed but the oxygen supply is still decreased. Even worse, when oxygen supplies are decreased, our bodies selectively **deoxygenate the worst injured cells in the injured area**. Healing is not our priority. Our oxygen goes to our healthy and our less injured cells. Our most injured cells get the **least** oxygen and may get little or none, even when healthy cells a few microns away have plenty. (Niinikoski,1980; Silver,1980).

This can explain why severe psychological traumas do not heal spontaneously but persist for decades (Allers, Benjack and Allers,1992; Engdahl, Speed, Eberly and Schwartz,1991; Kuch and Cox,1992). These peoples' psychological networks must be deoxygenated but not dead because the psychological effects are reversible with trauma focussed psychotherapy.

The likely explanation lies in the association of negative emotions with release of catecholamine and other vasoactive neurohormones (Strongman,1987). These can temporarily but repeatedly diminish the capillary blood flow in injured areas. Very powerful negative emotions arise associated with severe psychological traumas.

Catecholamines decrease blood flow in capillaries and shut off blood flow. There are other vasoactive neuropeptides such as vasoactive intestinal peptide (Gozes, 1988) and the amino-acid based neurotransmitter nitric acid. This transmitter is known to be involved in memory, learning and cerebral ischemia (Moncada and Higgs,1993; Moncada, Palmer and Higgs,1989; Chapman, Atkins, Allen, Haley and Steinmetz,1992; Collingsridge, Kehl and McLennan,1983).

What we know so far about neurotransmitters is only the 'tip of the iceberg' (van

Minnen and Kerkhoven,1988) but the catecholamines are increased in high-risk behavior and are related to cortisol arousal (Zuckerman,1991). As I mentioned earlier, they are well known to rise in all trauma. They rise in proportion to its severity. They decrease the blood flow in many capillary beds including in those in the cerebrum (Sasaki,1979; Yehuda, Southwick and Giller,1992; Woolf, Cox, McDonald, Kelly, Nichols, Hamill and Feliciano,1991; Mason, Kosten, Southwick and Giller,1990; Feustel, Fortuen, Stratton and Newell,1990).

Because of this association with release of vasoactive neurohormones, emotions could repeatedly deoxygenate psychologically injured networks in the following way. After severe psychological trauma, there would be the usual post-traumatic swelling in the psychologically injured networks. This means a temporary loss of oxygen. The network would function poorly or not at all. This alone would prevent spontaneous recovery in people whose lives remain traumatic, for instance children who are abused every few days. For these people, chronic neuropeptide release would mean chronic deoxygenation of injured psychological networks. Healing could not begin.

But eventually when the person is safe, the swelling subsides. Oxygen supplies increase in the injured psychological networks and the injured cells can begin to spontaneously heal.

Healing is metabolic work. It generates its own excess energy which must be released from the cell. Otherwise it causes further damage. Cells can release this energy as heat, chemical or electrical energy. But its release in a psychologically injured network will have a unique effect. Only here can the released energy trigger the release into consciousness of negative emotions associated with the injury. Release of energy in an injured network of muscle or liver cells obviously can not do so.

Energy release in psychological networks will cause flooding of emotions or memories.

The effect for the psychologically injured person would be awareness of negative emotions. The accompanying release of vasoactive peptides may diminish oxygen flow to a wide area. But to maintain oxygen flow to normal cells, the most injured cells in the most injured networks will be most deprived of oxygen. They will stop healing.

This will stop in time. When the neuropeptide effect subsides, oxygen returns to the injured cells. As soon as it does, they begin to heal again. And again the cycle resumes.

These injured cells or networks need not die. They are likely to hibernate, like other chronically deoxygenated, injured cell networks (Kloner et.al.,1991). In effect, severe psychological traumas are unique because unlike other severe traumas they are auto-deoxygenating. This model for psychological trauma is shown in Illustration III, on the next page. In effect, I suggest that deoxygenation by microvascular shunting is the likely physical cause of dissociation.

This model can explain a good deal. First it explains why any loss of oxygen causes an emotional distancing and an altered consciousness resembling dissociation (Freyer,1945). Since relaxation alters blood flow patterns, it explains the appearance of dissociation in the absence of triggers during relaxation (Fitzgerald and Gonzalez,1994). It explains why psychological trauma can not begin to heal until a person is safe. It explains why memories and emotions of psychological trauma are suppressed. It explains why consistently elevated catecholamines are associated with an inability to psychologically recover (Kolb, 1993).

It seems able to explain the basis of traumatized behavior. It explains why addictions to alcohol, tobacco (Romans, McNoe, Herbison and Mullen,1993) and cocaine (Mathew et.al., 1991) are simultaneously associated with changes in brain capillary blood flow, release of catecholamines and with impaired psychological recovery. Similarly, it explains why risk-taking behaviors, i.e., unsafe, fear-inducing behaviors which release catecholamines also are

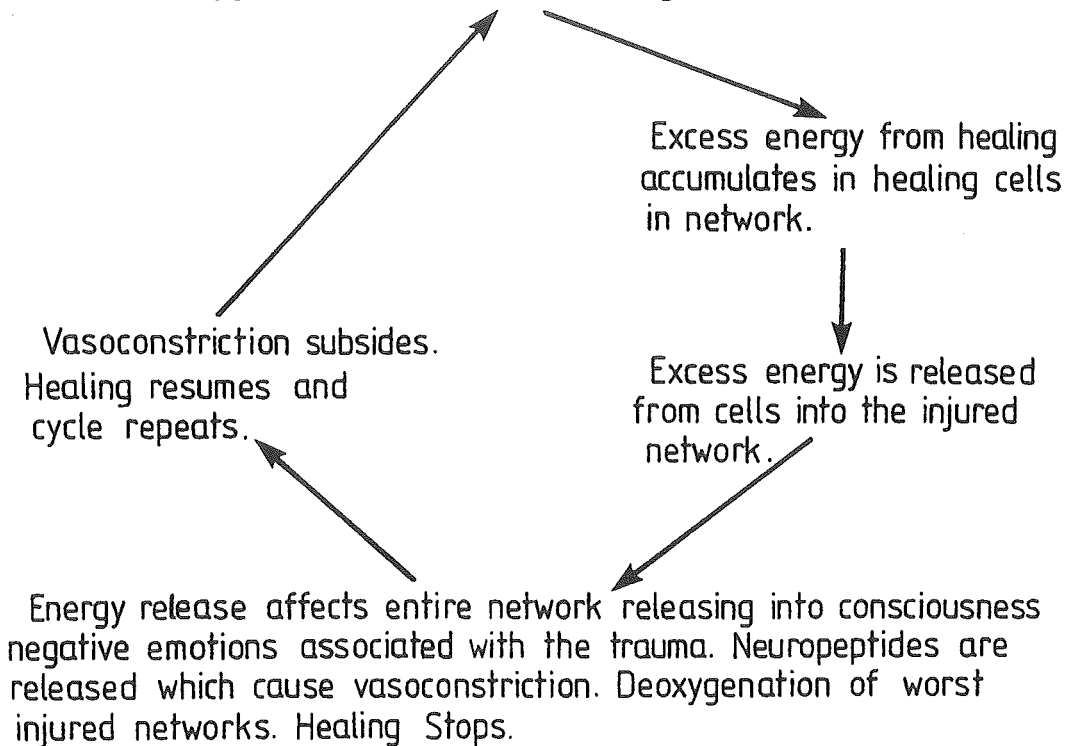
### ILLUSTRATION III

## AUTODEOXYGENATION OF SEVERE PSYCHOLOGICAL TRAUMA A MODEL

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### SEVERE INJURY

Traumatic event injures psychological networks. Swelling occurs, then subsides. Oxygen returns and healing begins.



### THERAPY

Trauma Psychotherapy begins

### HEALING

The person learns early, steady release of negative emotions. Less negative emotion released during healing. Oxygenation is maintained. Healing continues.

seen with psychological trauma. Like others (Romans et.al.,1993) I suggest that these behaviors are used to control negative emotions associated with unrecovered severe psychological trauma. But I suggest that they and other addictions act as network de-oxygenators. These behaviors might protect the network from further injury by letting it hibernate. But they would simultaneously block the onset of recovery.

Finally this model offers a physical basis for the success of trauma-focussed psychotherapy. The therapy enables the injured person to regularly release small amounts of negative emotions. This would avoid high levels of vasoactive neurohormone release and hence would increase oxygen flow to injured networks.

#### 4. Physical and Psychological Trauma Care

Whether physical or psychological, severe trauma can heal with trauma care. This fourth factor also modifies the basic trauma equation.

All successful trauma care relies on four principles. They are implicit in all care and often explicitly studied. When these principles are ignored, recovery is delayed if it occurs at all. Conversely, whether the injury is physical, psychological or both, its orderly, rapid care according to these principles yields excellent results. This is true whether the injury is physical, psychological or both. (Faist et.al,1983; Fulda et.al.,1992; Hamman, Clue, Miller, O'Brien, House, Polk and Richardson,1991; Bostman and Kyro,1991; Dossett, Hunt, Purdue and Schlegel,1991; Doek et.al,1985; Heimbach,1987; Hofman and Foris,1991; AMA Council Report,1985; Kempe, Silverman, Steele, Droegemueller and Silver,1962; Walsh,1984; Chan, Ainscow and Sikorski,1980; Davis,Hoyt, McArdle, Mackersie, Shackford and Eastman,1991; Johnson, Cline, Marcum and Intress,1992; Lowe, Gately, Goss, Frey and Peterson,1983; Ratican,1992)



These four principles are the following:

1. Safety:

New traumas are stopped.

2. Detection:

All traumas including traumatic symptoms and traumatic dysfunctions are identified.

3. Reoxygenation and Restoration of Order

Repair begins with re-oxygenation. It is followed by realignment, stabilization and strengthening of the injured functions - simultaneously if possible and in order of priority if not.<sup>4</sup>

4. Speed:

Steps 1- 3 are done as rapidly as possible.

These four principles have various corrolaries, such as,

- 1) proper trauma care **decreases** the cumulative severity of trauma;
- 2) delayed care **increases** the cumulative severity of trauma;
- 3) pain, deterioration or lack of improvement indicate **undetected** trauma and
- 4) full recovery remains possible as long as the injured cells are not amputated, dead or displaced by scar.

Trauma care affects the basic trauma equation by decreasing the number and the severity of a person's traumas as shown in Trauma Equation #5. The new symbol, TC, stands

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<sup>4</sup>The priorities are 1) lung function and oxygen flow; 2) heart function and oxygen delivery; 3) brain function and integration. This makes psychological trauma one of the top three priorities in the care of severe physical trauma. Needless to say, it is often overlooked.

for the total return of energy and order supplied by trauma care.

Fig. 4.6	TRAUMA EQUATION #5:
	TRAUMA CARE
	E (entry/exit) = T
	= P (original) - P (remaining) - S - H - TC

Usually physical trauma care is imagined as surgery, producing rapid results. Trauma psychotherapy intervention is imagined as talk that goes on for years. These differences are crumbling as each field of trauma advances. Physical trauma care involves long-term, staged rehabilitation. New psychotherapy techniques involve specific, short-term techniques with rapid results, such as with eye movement desensitization (Page and Crino,1993).

What separates the two types of trauma care now is the speed of their care. In the United States, severe physical trauma is treated very quickly (Davis, Hoyt et.al,1991; Curreri,1991). The chief limits to return of productivity are: 1) untreatable physical brain injures and 2) treatable psychological ones (Morris, Sanchez, Bass and MacKenzie,1991; Nakayama, Garner and Rogers,1990).

Treatment of severe psychological traumas is often delayed decades, if it occurs at all (Kluft,1985). Yet the potential for recovery remains (Cameron,1994) for these as for physical traumas.

The delays in care of treatable severe traumas lead to the Death Spiral of trauma. The difficult choices this poses are considered in the next section.

## 5. The Death Spiral of Severe Trauma

Severe trauma always changes a person's choices. Neglected severe physical injuries mandate changes in behavior. For example, a person can not act normally with two badly broken legs. There are only two choices in behavior: extreme withdrawal or self-dangering action. The person can wait for help. This may never come. Or the person can try to crawl for help. In so doing, the person becomes worse injured. There is no safe behavior. This person is in a Death Spiral, becoming increasingly likely to die from accumulating injuries.

This was obvious in Afghanistan during its civil war. The severely injured Afghanis had to walk to Pakistan to get trauma care. Over time, the worst injured died from the combined effects of their original injuries and new ones accrued along the way. Only the least injured people survived to get care. And they arrived with much worse injuries than when they set out (Bhatnagar and Smith, 1991).

Untreated severe psychological traumas appear to have the same effects. They mandate the same extreme changes in behavior (Plenk,1993). For psychological rather than physical reasons, the injured person can no longer behave normally. The person faces the same choice of withdrawal or active dysfunction. There are the same risks of incurring greater weakness, more injuries or both. Thus the behavior in an injured person will be inherently unsafe. Some of these unsafe behaviors will be crimes (Barnes,1986; McFall,Mackay and Donovan,1991; Lewis, Shanok, Pincus and Glaser,1979; Zonda,1991).

This does not mean that all unsafe behavior is post-traumatic. It is not (Swenson, Dimsdale, Rockwell, Carroll and Hansbrough,1991). But when very unsafe behaviors persist despite education, fashion and peer pressure, or when the behaviors are multiple, they seem likely to result from multiple, severe psychological traumas. A person, whether a child or an adult, who has one very unsafe behavior, whatever it may be, is very likely to have others

(Faustman and White,1989; Koslowski, Ferrence and Corbit,1990; van Beynen, 1994).

This causes similar unsafe behaviors which make apparently severely but differently injured groups overlap enormously.

These four groups are people with 1) severe physical injuries (Herve, Gaillard, Roujas and Huguénard,1986), 2) severe psychological injuries (Hart, Mader and Griffith,1989), 3) highly self-destructive behaviors (Holt, Stewart, Dixon, Elton, Taylor and Little, 1980) and 4) criminal convictions (Collins,1982; Dembo, Williams, Wish, Berry, Getreu, Washburn and Schmeidler,1990; Harding-Pink,1990).

Unsafe behavior becomes severe in proportion to the cumulative severity of psychological traumas (Stocks and Scott,1991; Helzer, Robins and McEvoy,1987; Beitchman, Zucker, Hood, Da Costa, Akman and Cassavia,1992; Briere and Zaidi,1989; Brown and Anderson,1991).

Such behavior appears soon after the injury (Labbate and Snow,1992; Lanktree, Briere and Zaidi,1991; Harris, Schwaitzberg, Seman and Herrmann,1989; Gronwall and Wrightson,1974; Beitchman, Zucker, Hood, Da Costa and Akman,1991; Faller, Froning and Lipovsky,1991).

The unsafe pattern of behavior persists over time, although new unsafe behaviors may emerge to replace old ones (Robertson, 1987; Frutiger et.al.,1991; Lewis, Pincus, Bard, Richardson, Prichep, Feldman and Yeager,1988). These behaviors generate new physical and psychological traumas and trauma-associated infections (Baker, Kelen, Sivertson and Quinn,1987). Supportive therapy does not make the behavior pattern safe. Incomplete trauma-focussed care may partially reverse it (Bowman, Blix and Coons,1989)

Depending on how and where it is studied, unsafe behavior may have a five-year cumulative mortality from 5% (Frutiger et.al., 1991) to 20% (Sims, Bivins, Obeid, Horst,

Sorensen and Fath,1989) and a 33% incidence of new severe crimes and traumas in that time. Over 15% of such people may desire to die, attempt suicide or commit suicide (Frutiger et. al.,1991).

The cumulative effect of such behavior is overlooked if trauma is studied as a pinpoint in time. When traumatic events and multiple unsafe behaviors are studied as a whole, the association of multiple, severe unsafe behaviors and multiple severe traumas becomes evident. (Riggs, Alario and McHorney,1990; Rivara, Mueller, Fligner, Luna, Raisys, Copass and Reay,1989; Marcus and Katz,1990; McFall et.al.,1991; Murdoch, Pihl and Ross,1990)

The injuries themselves mandate the unsafe behavior as long as the injuries are neglected. Every choice is self-endangering or self-destructive, trapping the person in a death spiral (Bergman et.al.,1991; Bhatnagar et.al.,1989; Choban, Weireter and Maynes,1991; Baker et.al.,1987; Coons,1986; Engstrom, Adamsson, Allebeck and Rydberg,1991; Coons and Milstein,1986; Coons,1984; Holmes and Robins,1988; Miller, Moeller, Kaufman, Divasto, Pathak and Christy,1978; Repetti,1992; Morgan and Froning,1990; Osgood,1991; Corsellis, Bruton and Freeman-Browne,1973; Hotte,1992).

There is one way out of self-destruction. Trauma mandates the unsafe behaviors but not their target. The injured person can protect himself from death by choosing to target someone other than himself in his traumatized space.

This is as true of physical as it is true of psychological injuries. A person with two broken legs may survive if someone else carries him around - but in so doing, the helper is very likely to get injured. Without rapid trauma care to reverse the severity of the injuries, the injured person's survival increases directly with the decision to endanger others by using them to survive.

Such injured-to-injuring people will not recover. But they will avoid new injuries and

need not get worse. Also they may get stronger by developing uninjured strengths. When such people are stronger than their victims, they may be very hazardous but appear more normal than their victims are. This is because being strong is often mistaken for being safe (Kempe et.al.,1962)

Apart from war, some common events cause very severe psychological traumas. Severe childhood abuse and neglect are well known to do so and the resulting unsafe behaviors appear early in life. (Hart et.al.,1989; Hibbard, Ingersoll and Orr,1990; Dembo et. al.,1990; Emslie and Rosenfeld,1983; Kahaner,1988; Finkelhor et.al.,1990; Lewis, Pincus, Lovely, Spitzer and Moy,1987; Lewis et. al., 1988).

This is not a restatement that violence begets violence. It does not. If it did, women, who are the most violently treated, would be the most violent. We clearly are not. Besides this, many very unsafe behaviors, such as pimping an infant, are not violent. Many post-traumatic unsafe behaviors such as substance abuse or eating disorders are not violent. And people may be very violent - for instance punching a boxing bag - without endangering others or themselves.

Rather than violence begetting violence, trauma begets danger and danger begets trauma. They each beget each other in proportion to their severity. Violence is only one way in which it may be expressed. Going back to the concept of traumatized space, the Death Spiral means that everyone is at risk in the space of a severely traumatized person. Only the choice of the injured person keeps them safe.

This takes us to crime. Among people who are massively injured, their choices determine the risk to their potential victims. Some criminals choose crimes that are largely or entirely self-destructive. Others target the weak. Others target the strong. So a criminal's personal choice would be crucial to deciding whether or not rehabilitation was warranted.

But choosing to die - or to live by using others - is a moral choice that many criminals may never have clearly made. Because of their traumas, they may have bounced through time with many highly unsafe behaviors that endanger themselves and others, alternately or simultaneously. The reason for this is dissociation, the underlying 'fracture' of all psychological trauma (Putnam,1989).

Dissociation is the traumatic disruption of the normal links that glue together the memories, behaviors, emotions and beliefs arising from an experience. Once unglued, these fragments are unstable, like the fragments of a broken bone. They keep intruding spontaneously from the past into present consciousness. This disrupts thoughts and behaviors in the present. It is the tether that makes severely injured people live in the present as though they were living in the past.

As dissociation decreases, an injured person can focus on the present. This makes clearer choices possible. Naturally, since dissociation arises from trauma, the first principle of all trauma care applies to control of dissociation: safety. The person is protected from suffering or inflicting physical and psychological harm. This includes not being permitted to excuse or deny unsafe behaviors. Such an environment is a reconstruction of space. It sets limits and makes the space around people safe for everyone. This is the beginning of recovery.

The second principle of all trauma care is detection of severe traumas. Dissociation appears to be the basic trauma of all psychological trauma. It arises from fear, which in turn has arisen from inescapable trauma. So care of dissociation will always involve providing reasonable choices. The person is not trapped. This control of fear through reasonable choices enables the person to keep consciously focussed on the present.

The third principle of all trauma care is to repair the injured area. For severe

psychological trauma this requires development of new, safe behaviors while safely releasing emotions and memories of the traumatic past (Kluft, 1993). It is not unlike staged surgical reconstructions.

Speed, the fourth principle of trauma care is obvious. It entails providing such care at once - or as soon as possible.

This means that rehabilitation of severely injured criminals would follow simple rules: 1) safety for everyone and 2) reasonable choices within the safe structure, provided on entry to the jail. Jails may not be able to provide complex individual therapy that helps people to deal with memories from the past. But it could begin this step by providing psychological self-help and education in understanding the effects of trauma.

This approach would not 'heal' the severely injured after a short time in jail. It would allow the onset of healing, reduction of dissociation and clearer choices. It would not halt all crime. It would diminish the number and severity of crimes committed on release. It would be up to society to provide further help after that. But any jail with cells instead of dormitories could put such an approach into effect. (Without cells, inmates and their guards could not be kept predictably safe.)

In other words, the jail would be a safe 'foster' home. It would control trauma by controlling the environment. This seems likely to succeed because control of the physical environment controls physical trauma (Hamilton,1991; Boyd,1990; Loftin, McDowall, Wiersema and Cottey,1991; Kellerman, Rivara, Somes, Reay, Francisco, Banton, Prodzinski, Fligner and Hackman,1992; Haddon,1980).

Many people assume that jails routinely provide such an environment. For my data to support my theory, they need to show that the DC jail did not do so. They need to show that the jail's failures were related to the traumatic environment and that it functioned as an



abusive, not as a safe, foster home. The data need to yield evidence that the jail's inmates were not only severely psychologically injured. They would need to be more injured than the non-criminals who guarded them. This would have to be evident from their past traumatic experiences and also in the number and severity of their unsafe behaviors and beliefs in the jail.

If my data show this, it would be reasonable to explain the jail's failure. It would be functioning as an abusive foster family for already very severely abused or otherwise injured inmates. In such a circumstance, the inmates would have to get worse. It would then be reasonable to set about improving the jail by applying the four principles of trauma care.

Before considering the data, I will consider how it was extracted from my diary. This is the topic of the next chapter.

## CHAPTER FIVE

## INTRODUCTION TO DATA

My diary recorded life in the DC jail. I had to find a way to reduce the information to groups which could be numerically analyzed. After reviewing the diary at length, there were seventeen categories which together encompassed most of the aspects of jail life which I recorded. These categories included the jail's environment, its administration and the childhoods, present behaviors and beliefs of employees and inmates.

There was some overlap between categories. For instance, the information in Chapter 18, 'Laughing, smiling and cheering' overlapped with that on physical aggression because laughter and smiling often accompanied physical aggression.

For a diary entry to be put into any category, it had to be written. I excluded anything that I recalled but did not record.

I excluded all entries about my case and all entries about myself, except my interactions as an inmate with fellow inmates or with jail employees. In a category with many such entries, I consider them apart from those of my fellow inmates.

The wording in the diary, not my recollection of the event, decided into which category an entry went. For instance, only words in the diary describing one or more people smiling, laughing or cheering were evidence of comedy. An entry was not considered 'comedy' if I laughed when reading it now or if I remembered it as funny at the time.

Some entries could not be numerically analyzed because they described events in detail which occurred day after day. Where this arose, I presented the data descriptively at the

beginning of a chapter.

I have not used statistical analysis to try to prove the statistical significance of numerical data in each chapter. The data were not gathered under well controlled conditions so comparisons between individual groups are not particularly significant. Rather the data's significance lies in the data's consistency. If the information in the diary does not support my theory, the findings will be random, half supporting my theory and half not. The significance lies in whether the data from these seventeen different categories derived from observations made during 25 months in a variety of circumstances consistently support the theory.

Various entries recorded reports from inmates and jail officers of events elsewhere in the jail or in the courthouse. I have included these in my data. First, it was my own experience, all were credible. None were ever proved wrong. This was true even when I disbelieved the report. Many reports, but none of my doubts of them, were later confirmed. To exclude these entries would be to increase distortions arising from my personal biases.

Some reports were corroborated by other diary entries. For instance, the diary recorded my overhearing two officers discussing the death of an inmate from food poisoning. It also recorded the Washington Post's report of the same death. Similarly, one diary entry gives an inmate's description of a cell block riot. A later entry gives another inmate's independent but similar description of the same riot.

Many of these entries recorded reliable but secret information about the jail administration. For instance, one of my roommates, a legal secretary, was assigned to work in the jail's Central Command office. She provided me with daily, detailed accounts of the senior officers' administration of the jail. This included the ways in which they suppressed all inmate complaints about the frequent physical and psychological brutality in the jail. My own complaints about this were also routinely ignored.

The next seventeen chapters present the data. The first section describes the administration and the legal system which it serves.

In the next section, I consider inmate and employee childhoods. The section after that considers the beliefs, behaviors and experiences of inmates and employees. Following this, there is a section in which I consider the meaning of certain behaviors commonly associated with aggression in the jail. Then I consider the evidence related to dissociation, dishonesty and self-destruction among inmates and employees. I end by summarizing my data and offering my conclusions.

JAIL ADMINISTRATION:

AN ABUSIVE HEAD OF AN ABUSIVE FAMILY?

## CHAPTER SIX

## SOCIAL CONTEXT:

## THE LEGAL SYSTEM'S RESPONSE TO CRIME

Jail only exists to serve the legal system. The administration has no control over who is ordered to jail, why or for how long. This is determined by the legislators who enact the laws, the police who make the arrests, the prosecutors who choose which cases to pursue and the judges who impose the sentences. As an institution designed by and for the legal system, the jail's power pyramid is likely to be influenced by the legal system above it. This is the social context of the jail.

So before looking at the jail itself, it is necessary to look at the system in which it exists. In this sense, the jail itself can be seen as a member of the legal system 'family'. Its behavior will necessarily be influenced by the larger, more powerful 'family members' whom it serves.

## METHOD

I extracted all entries about types of crimes and the type of criminals committing them, i.e., female inmates, male inmates and criminals who were convicted but not incarcerated. The diary entries were based on information about specific crimes. The information came from inmates, their prosecutors, their jail Classification and Parole officers and by reports of cases in the press.

## RESULTS

There were 207 entries describing 254 crimes and their management. Two hundred and twenty-six of these crimes or 89% of them were committed by 240 incarcerated female inmates.

### I. Crimes of Women Inmates

There were 137 crimes of prostitution, drug use and retail (street) drug sales. These crimes made up 61% of all crimes committed by women inmates.

Of the prostitutes, 28% were known to have pimps, none of whom were arrested.

Twelve women inmates or 5% of them were jailed for wholesale (organized crime) drug distribution.

Major violence, ie armed robbery, terrorism, assault with a weapon and homicide accounted for 35 or 15% of the women's crimes. In two of these cases, women who had survived childhood abuse were jailed and prosecuted for injuring men who were trying to rape them. One of these two women was acquitted and one was sentenced to five years for attempted homicide.

Ten women were incarcerated for probation violation, for not showing up in court or for escape from half-way houses or reform schools, i.e. walking away from them. One of these women, a teenager, was incarcerated for leaving reform school where she suffered nightly sexual molestation by her male reform school supervisor.

Financial crimes, i.e. shoplifting, embezzlement and breaking and entering to steal comprised 11% of the crimes.

II. Crimes of Male Inmates

Twenty-two entries concerned male inmates. A man jailed for civil contempt was excluded.

Of the male criminal charges, 15 or 71%, involved serious violence, including molestation of little children; armed robbery; homicide; assault with a weapon; rape with attempted murder, and rape.

The rest of the male inmates' criminal charges were drug possession (3), wholesale (organized crime) drug distribution (3), and a multi-million-dollar embezzlement (1).

The remaining six entries concerned male criminals who had not been jailed. They are considered later.

III. Male and Female Inmates' Crimes Compared

In Fig. 6.1, the incidence of the four most common crimes committed by female inmates are compared to those of the male inmates. Sixty-one percent of women were jailed for prostitution and retail drug sales. Sixty-four percent of men were jailed for serious violence. Only 15% of women inmates were jailed for serious violence.

Fig. 6.1			
CRIMES OF FEMALE INMATES COMPARED TO MALES			
FEMALES: 226 Crimes	%	MALES: 21 Crimes	%
1. Drugs,retail	34%	1. Drugs, retail	14%
2. Soliciting	27%	2. Soliciting	0
3. Serious violence	15%	3. Serious violence	64%
4. Drugs, wholesale	5%	4. Drugs, wholesale	14%
5. Financial,not viol.	11%	5. Financial, not viol.	5%
TOTAL	100%	TOTAL	100%



The circumstances were known for a number of the violent crimes. Some were for financial gain. Some were attacks on children. Some were self-protective. Some were assaults on abusive family members. The circumstances of male and female inmate violence were then compared. Seventy-two percent of female inmates' violence was in response to a previous attack by a very violent man or by an abusive family member as shown in Fig. 6.2 below.

Fig. 6.2

CIRCUMSTANCES OF INMATES' VIOLENT CRIMES			
FEMALE INMATES		MALES INMATES	
Attack on previously violent male (10)	40%	Attack on previously violent male (1)	8%
Attack on abusive family member(8)	32%	Attack on abusive family member	0
For money, control or delusion (7)	28%	For money, control or delusions (12)	92%
Total Known Victims	25	Total Known Victims	13

The female inmates' violence was not necessarily self-defense during an attack. More commonly it was vigilante justice. Women killed their sister's killer, their grandson's rapist and their own rapist, some time after the attack. In each case, the known male aggressor had not been arrested or, if arrested, had been acquitted.

As can be seen, male violence was distributed differently. Comparatively little male violence was a response to previous male violence and 69% of male inmates' violence was an unprovoked attack of a child or of a woman, including girlfriends, sisters, prostitutes and women chosen at random.

#### IV. Male Criminals, Not Jailed

There were six entries recording violent men who had been released after arrest rather than jailed for their crimes. Five of the six men were white. Their charges included attempted murder, incest and gun charges. Half the time, the released man's victim was his minor daughter.

#### V. The Value of Crime: In Dollars and in Time Served

Prostitution was a unique crime, because it had a mandatory sentence of 30 days in jail, a bail of \$50 and its cost in dollars could be determined. Thus it could be well-defined. This made it possible to compare the legal system's management of other crimes by comparing it to prostitution whether by time in jail, bail or victim/customer cost of the crime.

Entries from 7 female prostitutes and 2 organized crime pimps showed that brothel, street and escort prostitution cost a customer from \$5 to \$120 dollars, with an average of \$65. Thus for a prostitute, for each \$65 dollar crime, she paid \$50 bail and served a month in jail.

There were 12 cases of embezzlement, major organized drug crimes and single murders for which the sentence and the money involved was known.

I excluded murders which attracted great press attention because these crimes tended to be given long sentences which were later greatly reduced, once the press attention subsided.

In Fig. 6.3, the time served for these serious felonies is compared to the mandatory time served for prostitution. The race and sex of the criminal are also given. These data show that women were jailed longer than men, and blacks longer than whites for each group of

felonies.

Fig. 6.3			
TIME SERVED COMPARED TO CRIME			
Crime	Sex	Race	Time Served
Soliciting: \$50 Bail, \$65 crime	F	B&W	1 month
Embezzlement of:			
a.\$11,000	F	B	12 months
b.\$20,000	F	B	6 months
c.\$27,000	F	B	13 months
d.\$70,000	F	B	36 months
e.\$400,000	F	W	3 months
f. >\$ 1 million	M	B	144 months
Wholesale Drug Crime -			
a.cocaine/marijuana	M	B	24 months
b.marijuana	M	W	18 months
Murder			
a.of male child rapist	F	B	94 months
b.of child	F	?	1 month
c.contract	F	W	6 months
d.of woman	M	B	\$500 bond

It appears that in order for a felon to serve a month in jail, a white woman had to embezzle \$133,333; a black man \$83,333 and a black woman only \$1,620.

For each dollar embezzled, a black woman was jailed 82 times longer than a black man and the black man 16 times longer than the white woman. There were no entries for white men jailed for embezzlement.

For men involved in organized wholesale drug crimes, the black man served a third more time than the white man.

For murder, a black woman who killed her grandchild's rapist was sentenced to seven

years. (She died in jail.) Whereas men who murdered a child and a woman and the white woman who arranged a contract killing served little or no time.

Other entries for which there were no direct comparisons were consistent with this white over black, male over female hierarchy by which the legal system indulgently responded to certain crimes and certain criminals. A male inmate served two months for armed robbery. A male inmate recently released for serious assault was released not jailed for attempted murder immediately on release. A male murderer was granted permission to practice law in Washington, DC.

## DISCUSSION

Crime is not the same the world over. In Pakistan, 60% of women in prison are there for murder and 16% are imprisoned for running away from their husbands. Chiefly these women have murdered relatives, most commonly their husbands (Tariq and Anila, 1993). Thus crimes are determined in large part by the choices allowed by society. In the DC jail, 15% of women were in jail for violence. This seems strange in such a violent city. But one could interpret it as meaning a greater range of choices for the freer American women, compared to Pakistani women. Perhaps. But perhaps not. Pakistan had only 83 women in prison. This suggests alternatively that when a largely male legal system frees women from their husbands, the system begins to lock women up in other ways. My data suggest that the jail to a great extent was used to unfairly incarcerate the weak - the mostly black women. A recent study of psychiatric institutions suggests that children and adolescents are similarly unfairly incarcerated in these institutions before they are eligible to go to jail (Armstrong, 1993).

My numbers are small but they agreed with the information which the administration

gave me. The Chief Administrator said that 70% of men were jailed for violence. My figure was close. The Classification and Parole officers said that the judges habitually jailed black women embezzlers while letting white embezzlers go free. My data showed the same. The jail officers complained that the violent men were released too soon and the non-violent were kept too long. My data showed the same.

Besides these internal consistencies, the national statistics show that although incarcerations are rising, a third of them are for parole violations and drug crimes (Famighetti, 1994). I did not have enough data about men, but certainly a third of the women were jailed for drug crimes and another third for prostitution. The city's war on crime that is periodically announced appears to target non-violence. This might help to explain why violence is on the rise.

The legal system itself seems to be giving almost explicit permission for violence by the mandatory jailing of prostitutes and the release of child killers and rapists. In a way, being non-violent, being a woman or being a black was the 'crime'.

This is not to say that the system is terrible or that every legislator, police officer, prosecutor and judge has the same biases. Most, presumably, dearly want a fair outcome, not an abusive one. But whatever the intentions, my data document the effects of legal decisions on those in the jail. There was enough to justify complaints by inmates and employees in the jail that the legal system was on the side of the worst criminals.

Legal and social justice was a burning issue inside the DC jail. Once a white woman embezzler of a quarter of a million dollars served a month in jail while a black woman was serving seven years for an embezzlement of \$50,000 -- and many other black women were serving comparably long sentences for embezzlement of similar amounts. The black male director of Classification and Parole began shouting at me that the 'white' system did this to

black women all the time and he was sick of it.

Curiously, the white woman embezzler had a different view. She viewed her jailing as a gross miscarriage of justice. Her judge had in fact not planned to jail her, until her victim - one of the city's wealthiest, white men - wrote a letter of protest.

Indeed, the beliefs of the legal system itself appeared to be dissociative. It intended to provide justice and to protect the weak. Yet many of its decisions were unjust and endangered the weak.

This was apparent in ways not reflected in the numerical data.

During my jailing, new legislation enabled judges to detain accused criminals before trial, if they had missed a court hearing. This further punished petty criminals who faced repeated arrests. In fact it so cluttered the jail that at one point it closed for overcrowding.

The cumulative effect was a complex power hierarchy through which the legal system betrayed the majority: the non-violent, the women, the children, the black. It also harshly punished women whose violence was a response to the system's own indulgence of the most violent men. There was a particular betrayal of young girls, as seen in the law's permissive response to fathers who killed and raped their young daughters. Each of three men who committed such crimes served no time in jail yet a prostitute had to serve a month. To a similar but lesser extent, women who killed their daughters were also indulged. The woman who murdered her daughter was more harshly treated than any of the comparable men, but she still only served a month in jail, the equivalent of a single count of soliciting. There was no such indulgence for women who killed men.

The pro-male, pro-violence attitude was evident in the way other violent women were treated, provided they didn't kill men. The most persistently, extremely and repeatedly violent woman I met in the jail was a serial arsonist/killer whose victims were women. This arsonist

had bouts of unprovoked raging, murderous explosive violence on the cell block during which she threatened to burn other women to death. She was released by her judge as not a threat to the community.

The result was curious. The jail had come to share the judge's view. Based on their experiences of the system, people in the jail did not see the institution as a place to house violent people. On releasing the arsonist/killer, the cell block Sergeant observed happily, 'She belongs on the street. She's too dangerous for my jail.'

Thus the jail's social context was a difficult one. It was expected by society to control and rehabilitate serious criminals. It served a system that **rewarded** criminals in proportion to the severity of their crimes. The criminal complaint, "The worse the crime, the less the time," was accurate.

The jail's failures could easily make it a scapegoat. It could be blamed for failures caused higher up in the legal system. In this sense the jail administration could itself be blamed like a child/victim in a dysfunctional family (Gelinias,1989). But to excuse the jail administration for the choices it made would be to support the dysfunctional system.

## CHAPTER SEVEN

### JAIL ORGANIZATON AND RACE RELATIONS

The most obvious aspects of the jail administration were its organization, the number and types of people in the jail and the relations between the races. Race relations are central to trauma throughout America. No matter how unlikely it may appear to whites, the black experience of being black remains traumatic and commonly leads to self-hatred on racial grounds (Fine and McPherson, 1994). I consider these matters in this chapter, beginning with the organization of the jail.

#### I. JAIL ORGANIZATION

##### 1. Jail Employees

The DC jail is in a black residential area and is the only correctional facility inside the Washington, DC limits. It is an 18-cellblock, male and female, maximum security correctional institution, complete with shot-gun guards walking the ramparts of the fortress's outer walls. Most employees and most inmates are black, as are the majority of the city's residents.

The jail is run by a Chief Administrator, so far always a man but not always black. Under him are three groups of employees: 1) administrators; 2) military-rank officers (guards); 3) providers of services, eg parole, medical and religious employees.

Through its Chief Administrator, the jail was accountable to the city's Director of the Department of Corrections and to the Mayor and the City Council. The city, including the



jail's Chief Administrator, was accountable to the US Congress because it provided funding. The city and jail were also accountable to the local and Federal courts because of lawsuits filed by inmates.

The jail administration and the city had been continually sued by inmates since 1974 (Campbell v. McGruder, 1978) In this suit and in later ones, inmates alleged that the poor conditions of the jail were a violation of their constitutional rights. The result included, for instance, Federal court rulings setting a 1700 limit to the jail's inmate population. The jail's lack of compliance with Federal rulings in such lawsuits led to threats of contempt and supervision of the jail by the Federal court. This continues to the present.

The organization of the jail's officers is modelled on the military. The word 'guard' was thought to demean their work and the military model was introduced to replace it. Some officers preferred the military model and others did not. The ranks ranged from probationary private to Major, with no military rank above that.

Privates, corporals and sergeants were 'line officers'. That is, they worked with inmates on the cell blocks and at other posts throughout the jail. Lieutenants supervised line officers. Captains supervised Lieutenants and the Major was in charge of the lot. The Commander-in-Chief was the non-military Chief Administrator of the jail.

Most employees and all senior officers - the Captains and the Major - were black males. There were a few white male and black female Lieutenants. There were quite a few black female line officers but not enough to allow the jail to comply with its own rule that female inmates always be escorted by female officers.

There were various other white male employees but with the exception of a Roman Catholic chaplain, there were no white female workers in the jail.

The base pay for a jail officer in the late 1980's was \$30,000 but with overtime an

officer could earn \$60,000. This was one of the best paying jobs for a black person in Washington, DC and its suburbs.

## 2. Jail Inmates

DC jail inmates were officially called 'residents', a term chosen by and enforced by the administration. We, the inmates, called ourselves inmates. Most of us were black. We entered the city's 1980's facility in the same way that African slaves were brought to the New Orleans slave market: shackled, manacled and walking up a ramp to a loading dock. The jail housed both local, ie city, and federal criminals. Local crimes included illegal drug use and possession and both street and domestic violence. Federal crimes included importing drugs from adjacent states, destruction of federal property and terrorism.

Local female inmates who had committed lesser crimes stayed in the jail longer than any other criminal group. (I stayed longest because I was charged with no crime.) The city had no female prison. By arrangement with the federal government, local female criminals - but only those with sentences longer than two years - went to Federal prisons, the nearest being 500 miles away.<sup>5</sup>

Women with sentences of 2 years or less were not sent to prison but served the time in the jail. In Washington, DC criminals serve a third of their sentence behind bars, so theoretically a 2-year sentence for local women criminals meant 8 months in the jail. This was long enough for a woman to lose all her income, her home and all her possessions.

For various reasons these women could spend much longer than 8 months in the jail. First, inmates could be held for 9 months before trial. Second, inmates could face multiple

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<sup>5</sup>In 1989, Washington, DC's Lorton penitentiary established a female unit.

charges in front of multiple judges. Women could be sentenced for failing to come to court, as well as for their original crimes. It was the petty criminals, such as prostitutes and drug addicts, who faced the multiple arrests for multiple minor charges and the multiple failures to come to court. The accumulated time in jail for these women could approach two years.

Third, women inmates were often released to half-way houses where they predictably violated the rules, often with the collusion of the half-way house officers.<sup>6</sup> This sent the women back to jail facing new criminal charges.

Finally, many women were re-arrested on new charges within days of their final release, because their drug and prostitution crimes were easy to detect and women were easy to arrest.

This almost interminable cycle of petty crimes, arrests, more charges, jail and more charges meant that for many women the jail was in fact their home.

Women inmates were steadily on the rise in the DC jail. In 1986, women inmates made up 11% of the jail population. This rose to 22% in 1987 and 25% in 1989.

By jail rules, all prostitutes were classified as violent sex criminals, Class 8 in the criminal code. This equated prostitutes with rapists.

### 3. Numerical Data about the People of the Jail

I extracted all 'named' people, ie people clearly identified by name, nickname or personal description, as well as gender and role. The results are shown in the figure below,

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<sup>6</sup>Women inmates reported that their officers at the half-way house demanded sex, supplied them with illegal drugs and took them to crack houses where they got high together. One inmate described smoking crack with four officers from the jail itself and, on another occasion, with the Mayor.

## 7.1.

Fig. 7.1			
THE PEOPLE OF THE JAIL DIARY			
Role	Female	Male	Total
Inmate	269	28	297
Officer	57	24	81
Administrator	17	30	47
Visitor	14	12	26
Medical Staff	5	11	16
Chaplain	3	5	8
US Marshall	4	1	5
Other DC authority*	5	25	30
TOTAL	374	136	510

\* Named DC judges, lawyers, etc. excluding my own.

The five largest groups, in descending order, are female inmates, female officers, male administrators, male legal authorities and male officers. No female officers held a rank above Lieutenant.

Over half of all junior and senior administrators, were male. Of the DC legal authorities, 83% were male. Of the 24 male officers, 6 or 25% held senior rank.

II. RACE RELATIONS

1. People by Race and by Role

METHOD

I reviewed the diary for all entries that identified a person by either race, or role or both.

RESULTS

Of the 237 people who were identified by race, 68% were black and 32% were white, as shown in Figure 7.2.

Fig. 7.2				
PEOPLE BY RACE*				
Role	Black	%	White	%
Inmates	124	52%	64	27%
Officers/employees	27	11%	6	3%
Visitors	10	4%	6	3%
TOTAL	161	67%	76	33%

There were only four people whose race was recorded and who were neither black nor white: an American Native, a Hong Kong Chinese, a Korean and a Hispanic.

## 2. Interactions by Race

### METHOD

I extracted entries in which all people involved in an interaction were identified by race.

I excluded those interactions of mine in which I helped others. These events skewed the results because I had a unique ability to help people. As a physician I gave free medical advice and I had enough money and outside help to be able to have a regular supply of books for my fellow inmates.

### RESULTS

A hundred and twenty-six entries were found describing 157 such interactions. Six of these were sexual liaisons. They are separately considered.

All other entries were then coded positive or negative. Positive codes were given to friendly discussions, shared experiences, people helping others and people confiding in others.

Negative codes were given to ridicule, degradation, personal racial attack and attacks on a race as a whole.

Because interactions with me might be different from others, I considered them separately.

#### A. Interactions with the Author:

There were 88 interactions with me in which the person's race was recorded. This was 55% of all race-identified interactions. Of these 88 interactions, 85 or 98%, were positive.

All 45 casual conversations were positive. Eighty-two percent of these were with

blacks.

Of 24 conversations about child abuse, 21 or 84%, were positive. All three negative child abuse conversations were with whites: a white US Marshall, a white policeman and a white prostitute. All three ridiculed and verbally attacked me for protecting my child from her (white) father's abuse.

Of 19 other interactions, people went out of their way to help me because of my position on child abuse. Of these helpful people, 68% were black.

#### B. Interactions Between Others

There were 69 race-identified interactions observed between other people. Of these, 36% were positive, 55% were negative and 9% were sexual liaisons.

##### i. Positive Interactions

There were 25 positive interactions between other people. Of these, 10 or 40% were a black inmate or officer helping a white inmate. Four - 16% - were a white inmate helping a black one. Four were a black helping a black and in 1 instance or 4%, a white helped a white.

There were 6 or 25% in which groups of women inmates, identified by race, enjoyed sharing a positive experience or supported each other after surviving a stressful one. Half involved only black women. Half involved black and white women. Five of the experiences were religious services and the sixth was surviving as innocent bystanders an exceptionally dangerous cell block fight.

## ii. Negative Interactions

There were 38 negative interactions. Twenty or 43%, were blacks verbally attacking whites on racial grounds. Twelve, or 28%, were blacks attacking blacks on racial grounds. In one entry or 3% a white attacked a white on racial grounds.

There were also 13 instances in which an entire race, not a particular person was attacked: blacks criticizing blacks (2) and whites (3); whites criticizing whites (4) and blacks (4). Although whites made up a third of the people identified by race, they accounted for 64% of the generalized racial criticisms.

The racial criticisms differed. Blacks and whites both criticized their own races for not working. Blacks criticized whites for cruelty and oppression within the legal system. Whites criticized blacks' education and manners.

There were 5 instances in which a person with authority, either an officer or a chaplain, insulted people of the opposite race.

Two such insults were religious 'jokes' played on black people by whites in authority.

Three such insults were by blacks in authority, verbally abusing white people on grounds of race. Two of these blacks in authority also racially abused blacks.

Overall, excluding interactions with me, there were 63 in which the person's race was identified. Of these, 38 or 60% were negative. In 21 of the negative racial interactions, or 55% of them, the speaker attacked her or his race, alone or with the other. Sixteen of these or 40% were blacks attacking blacks. No white authority ever attacked whites.

## 3. Sexual Interactions

Six entries described consenting sexual liaisons between women on the cell block. Of these, five were black/white relationships. One was a black/black relationship. There was no white/white sexual relationship.



## DISCUSSION

The three broad features of the jail administration seen in this chapter were its military hierarchy and its approach to gender and racial issues.

The jail's legal disputes suggest that it was in a confrontational position both with its inmates and with the federal courts. It was not unique in this regard. The city's Human Services Department has also been sued for failing to provide adequate services for children. It is also under Federal Court orders, in this case to improve the city's foster care system (Lewis, July 1994).

But it would also be natural for a military-model organization to take a confrontational stand. The military approach in some ways suggested hidden administrative attitudes about the inmates. Outwardly it insisted that we be labelled by a term of respect. We were 'residents', not inmates. We, the inmates, somewhat resented this compulsory euphemism because it was a pretense. 'Resident' implies a willingness to be there. We were prisoners.

Further, this term of apparent respect was at odds with the military approach. The purpose of the military is war and the military-model gave the administration's relations with us war-like meanings.

Officers were analagous to American army officers. 'Line' officers were analagous to combat troops. This put inmates in the position of the enemy -- conquered prisoners of war. Prisoners of war don't change sides - those who do so are traitors. So the military model suggested that in some ways the administration from the outset intended no rehabilitation.

As for race relations, only white people criticized me for disobedience to my black judge. I neither recorded nor remember a black person doing so. It suggests two possibilities. Either the blacks who disapproved of my actions were intimidated by my being white and

were afraid to challenge me. It is quite likely that for some this was the case. Or blacks approved of my actions, because in their experience the system oppressed the black, the woman and the child. For them, I was one of an oppressed social group.

My data about race relations strongly suggest that there was a general willingness among blacks in the jail to establish good race relations with a white, provided the relationship felt equal to the black person. Several officers said that a friendly interaction with me was their first positive experience with a white person.

Whites persistently blame blacks for failures, whether economic or in race relations. The chief white explanation of blacks' average lower status is their 'lack of effort'. Many whites perceive blacks to benefit from 'a lot' of reverse discrimination. This is a valid view for whites because they share so few experiences with blacks. This is deliberate. Most whites work to maintain distance from blacks (Jaynes and Williams, 1989). My data do not support the white view. Instead they support the black view, which rejects black's lack of effort as an explanation for the inequality.

Yet within the legal system, as my earlier chapter showed, blacks were still more harshly treated. This may have promoted black's criticisms of blacks in general. On the other hand, extremely racially abusive people usually abused both races. Several of these people had been severely abused as children. So their exceptional racial hatred may have represented displaced anger arising from other abuses.

In many ways, the jail was a place of interracial bonding. People in the jail, both officers and inmates together, survived riots, fights and humiliation and abuse from other officers and inmates.

This bonding could be very powerful. After an officer seized my sanitary pads when I needed them, a sympathetic fellow black inmate observed, "You now be a nigger woman

like me." Roughly half way through my jailing, I realized that I felt black, not white. At the same time, I noticed that the black people who knew me well, fellow inmates and officers, began to refer to me as black and to my judge as white.

Such fundamental changes in identity are known to arise from experience. Studies of children have shown that ambitious girls may identify themselves as boys, if they grasp from biased school instruction the social message that only boys succeed (Alton-Lee and Densem, 1992). I suggest that in a similar manner when racially different people share the same dangers and oppression, racial identity may also change.

Gender as well as race was important in the jail. As my data show this thesis is largely a study of the experience of women inmates, guarded by women officers in a male-administered military hierarchy, serving a predominantly male legal system. Many of the problems in the jail were gender related.

Poor conditions in American jails are justified on the grounds that jail inmates, being only briefly detained, do not need good conditions. Yet the system kept black women living in the jail for long periods of time. So this justification was a hollow one. But it minimized the importance of minor criminals so as to give the worst the most. This rewarded worse crimes.

Further, the number of women in jail rose while violence in the city rose. Simultaneously jailed women prostitutes were classified as Class 8 felony rapists. According to a member of the administration, these rape statistics were used to reassure the public that rapists were being vigorously convicted and jailed in large numbers. Many prostitutes of course had been raped. It seemed that women were being deliberately jailed to protect male rapists from the public pressure to arrest and confine them.

Thus at the level of organization alone, the jail administration set a tone of hostility,

denial and neglect, directed more at women, more at blacks and more at lesser criminals than at others. This was seen in its military hierarchy, misuse of criminal classification, euphemisms, lack of programs for petty women criminals or for improving race relations and its almost entirely male senior administration. This tone is that found in dysfunctional homes in which severe abuses occur.

## CHAPTER EIGHT

### JAIL PHYSICAL ENVIRONMENT

The jail's senior administration directly controlled the physical environment. If the senior administration was like a dysfunctional family, this should be evident in the environment. It should be traumatic, if my theory is correct. Such an environment would lead to more trauma and in so doing would prevent safety and worsen behavior. Recovery could not begin.

#### I. Description of the Physical Environment

In this section, I will describe the physical structure of the jail and the administrative running of life within it. The administration had little control over the former but complete control of the latter.

##### 1. Physical Structure

Above ground level, the jail had three floors. These held all 18 cell blocks and various departments including Senior Administration, Classification and Parole, Education, Religion and Medicine. (Below ground level, there were laundries and kitchens to which I and most inmates had no access.)

Each of the 18 cell blocks had 80 cells and could house 160 people. The cell blocks were guarded by a high outer gate controlled by an officer in the "Bubble". This was a very small, locked plexiglass office containing the remote control panel for the gates and for the

cell doors.

On passing through the outer gate, one entered a short windowless corridor. At the end there was an inner plexiglass door which led to the cell block dining area. This was a high windowless room with long benches and tables. From the dining area, steps went up to two upper tiers of cells and down two lower ones. Beyond the dining area was a small exercise area. On South One, there was a basketball hoop, a bicycle machine and a rowing machine, but the two machines worked poorly.

There were 20 cells on each tier. Although the jail's maximum cell block capacity was 2,880, the Federal court limited the jail census to 1700 or an average of 94 inmates per cell block. Like other female cell blocks, my South One block generally had 120 or more women, making women somewhat more crowded compared to the men.

Each tier of cells had a shower area. It was at the end near the Bubble, the dining area and the entry corridor. On female cell blocks, these shower areas were enclosed by clear plexiglass walls. So when female inmates undressed and prepared to shower, they were fully exposed to whoever was on the cell block or in the entry corridor. Male inmates' were not exposed because their shower areas were enclosed by darkened 'modesty' glass.

On South One, all inmates had access to all parts of the cell block. There were four other female cell blocks. Three of them had half the living space of South One because they were divided by partitions into two half-blocks.

Cells were about 6 x 11 feet in size. On some blocks, including South One, cells had barred gates and on other blocks, the cells had solid doors.

Directly inside each cell was a metal unit of toilet, sink and metal mirror. Beyond this was a single bed or a double bunk and, if size permitted as it usually did, a metal writing ledge with a stool.

All cells had two slit windows. Those in cells facing towards the street had opaque glass and transmitted light. Those in the other half of cells, the ones facing inwards, had black glass and transmitted no light. Thus half the inmate population lived almost entirely in dim artificial light.

## 2. Schedule and Rules

All meals were served on the cell blocks. The usual times were 3:30-5:00 am (breakfast); 11-12 am (lunch) and 5-6 pm (dinner).

Inmates were locked in their cells and counted six times a day: midnight; 3 am; 8 am; noon; 3 pm; 8 pm. Inmates who were off the cell block at the time of a count stayed where they were until all inmates were accounted for.

If a count did not clear, that is, if the numbers did not add up, the inmates stayed put and were recounted again and again. Most daytime counts lasted about two hours so most inmates were confined to their cells for 17 hours a day or 70% of their time. This appeared to be deliberate. Officers who had worked at the city's Lorton prison reported that the prison counts lasted about 10 minutes.

Inmates had two visiting days a week and a total of two hours' visiting time. Visitors spoke to inmates by telephone across a clear plexiglass wall.

Each block had three exercise days a week for an hour of outdoor exercise in a brick courtyard. Long counts, bad weather and the lack of female officers to act as escorts cancelled two-thirds of female outdoor exercise.

A clean sheet and towel were distributed without fail to inmates on every cell block on Monday. There was no laundry service for inmates' clothes, ie jumpsuits, underwear and night clothes.

Each cell block had use of the Law Library for an hour each week. Counts and the librarian's schedule cancelled about half the law library visits.

The jail Central Command communicated with its officers from time to time through intercoms. For the rest of the time, on the cell blocks, between 8 am and midnight, these intercoms transmitted very high volume urban rock radio music. The lyrics were largely limited to drugs, promiscuous sex, violence and sexual violence. This music was interrupted only to transmit commands on cell blocks. The volume and choice of music were determined neither by the inmates nor by the line officers but by the Administration. This music was transmitted at high volume only on the cell blocks and was not transmitted at all to many administrative areas.

### 3. Possessions

Possessions were very restricted. On entry, inmates received basic supplies: a jumpsuit, towel, washcloth, sheet, bar of soap, small comb, toothbrush and small toothpaste tube. Flat canvas shoes in male, but not female, sizes were sometimes available. Inmates with money in their jail accounts could order toiletries, cookies, cigarettes and cigars from the jail 'canteen'.

Third-trimester pregnant female inmates who could not fit into jumpsuits were issued wrap-around dresses.

At irregular intervals, toilet paper, soap, sanitary pads (female inmates), envelopes and writing paper were issued to cell block inmates.

Inmates could have approved personal possessions sent in from the outside, eg paperback books, underwear, nightwear and shoes. In 1987, female inmates could receive bathrobes but by 1989 they could not.



Possessions not issued or approved by the jail were 'contraband'. The administration's control of 'contraband' is considered in the next chapter.

#### 4. Gender Different Rules: Freedom of Movement

Female inmates were not allowed to leave their cell blocks without a female officer or a senior male officer escort. There were two exceptions. Women could walk unescorted to the nearby law library and the visiting hall.

In contrast, male inmates left their cell blocks on their own, without escorts and only a permission slip from their cell block officer. With such a slip, male inmates walked unescorted around the jail, ostensibly to keep appointments. This gave virtually all male inmates the de facto right to roam the jail unsupervised. They regularly came to female cell blocks where many were allowed through the outer gate and into the entry corridor. This enabled male inmates to watch female inmates in the showers and in their cells, while they dressed, used the toilet and exercised.

With the Administration's knowledge and tacit permission, large numbers of male inmates arrived every morning on the female cell blocks to line up in the entry corridor to watch female inmates shower, dress and use the toilet. Male inmates shouted out extreme verbal-sexual abuse of female inmates and often shouted threats of sexual assault.

Only male inmates were assigned to jail repair teams. These male inmates had daily, official access onto all female cell blocks. The teams were supposed to be supervised but in fact often were not. In contrast, female inmates with similar repair skills were not given such work. Female inmates' work was limited to secretarial, laundry and kitchen work.

A male inmate's free movement was only restricted as much as a woman's if he was in solitary confinement or on a 'forensic' (dangerous and disturbed) cell block. Even so,

women on comparable cell blocks were yet more confined. Their 'blocks' were half-blocks, except the infirmary which was most confined of all. It was in the medical area and had five cells and a barred gate. Women in the infirmary were unable to leave without an escort and were subject to constant public scrutiny.

## II. Numerical Data on the Physical Environment

### METHOD

I extracted all diary entries about specific aspects of the jail's physical environment. I sorted them accordingly: crowding, vermin, dirt, noise, physical privacy, air quality, supplies and equipment, clothing, light, temperature and food/water, sexualization, sleep and hygiene.

Each entry was then coded (+) if the information was positive or neutral and (-) if the information was clearly negative.

An entry could fit two or more categories and so have several codes. For instance, cells and dining areas were frequently sprayed with pesticide. For vermin control, this was scored (+). But spraying pesticide into small, closed living spaces and onto clothing and food is dangerous so the entry was scored (-) for safety of supplies and equipment.

Jail food was not scored by its tastiness. It was given a (-) score only if it was clearly hazardous, caused significant illness or if inmates were not fed.

### RESULTS

There were 310 environmental entries. Seventeen entries described court cells and female punishment cells. These entries were set aside and are compared at the end of this section.

The majority of the entries, 204 (65%), had one code. The rest, 34%, had two or three codes, excepting a single entry which had four. This entry described the jail's extensive cockroach infestations of beds, food and clothes. It was therefore assigned four codes: vermin; clothing; food; sleep. The results of the coding are shown in Fig. 8.1 in descending numerical order.

Fig. 8.1			
POSITIVE AND NEGATIVE ENVIRONMENTAL FACTORS			
Category	Neg	Pos	Total
Supplies & Equipment	80	12	92
Noise	56	0	56
Sleep	43	2	45
Sexualization	32	0	32
Dirt & Trash	31	0	31
Personal Hygiene	23	0	23
Food & Water	20	6	26
Light	20	0	20
Air Quality	20	0	20
Physical Privacy	19	0	19
Vermin	17	3	20
Clothing	14	0	14
Crowding	12	0	12
Temperature	5	0	5
TOTALS	392 (94%)	23 (6%)	415

Only 6% of all environmental entries were positive or neutral. Most of these entries

were simply descriptive, recording the plexiglass walls, gate switches, computers, mattresses, food, pillows, razors, games and pesticide spraying.

Overall, 94% of entries about the environment were negative. The largest number of entries was in Category 5, Supplies and Equipment. The next largest categories were those of noise, sexualization and sleep. These represented the cumulative effects of various aspects of the environment. Together these four categories accounted for over half the negative environment. They will be discussed in detail and remaining categories will be discussed briefly.

#### 1. Supplies and Equipment

The negative Supplies and Equipment entries accounted for 20% of all environmental entries. They are listed in Figure 8.2.

Fig. 8.2	
PROBLEMS WITH SUPPLIES AND EQUIPMENT	
EQUIPMENT	DAILY SUPPLIES
Faulty fire switch Padlocked fire escape doors Dirt-emitting, dirt-obstructed air vents Rain flooding cells Unsafe bus entry Bricked exercise yard Slippery tier stairs Collapsing beds Remote control gates, crushing inmates arms Unsafe bathtub Broken dental burrs Inadequate legal copying <sup>7</sup> Rotting mattresses & mops	Denial of access to laundry of jumpsuits Pesticide sprayed in food, living areas Jumpsuits without buttons No sanitary pads for menstruating women Inadequate paper, pens, envelopes, soap, razors, toilet paper, shampoo Denial of access to toilet Inadequate seating/food/clothing for the pregnant No forks, cups, knives, nail scissors

A few items deserve explanation. The small bricked exercise yard made injuries to arms, legs and backs likely during exercise. The high, narrow bus entrances were hazardous to inmates because we were manacled and shackled and likely to stumble and fall. The remote controlled barred gates were dangerous because they repeatedly trapped and crushed inmates arms and hands. Inmates' injuries were usually minor if their officer released them from the gate at once. Some officers kept inmates trapped. Others trapped them deliberately. One entry records a female sergeant keeping a pregnant women's arm crushed in a gate for half an hour. This inmate suffered a miscarriage and a dislocated shoulder.

Fire hazards were another negative aspect of Supplies and Equipment. These included

<sup>7</sup>The jail had one copier for legal documents for 1700 inmates.

a padlocked fire escape door and a faulty cell block emergency switch. These switches were intended to automatically release inmates from their cells if they were trapped during a fire. The switch was found to be faulty after an officer refused to release inmates suffering smoke inhalation from a fire.

## 2. Noise, Sleep and Sexualization

The second greatest problem was noise. Entries show that it came from three sources:

1. the piped-in loud rock music;
2. the crashing of cell gates;
3. yelling by inmates and by officers, whose voices were amplified over the intercom.

The chief and constant source however was the loud rock music which significantly contributed to sexualization and to sleep deprivation.

Sleep deprivation accounted for 11% of the negative environment. In 25 months there were two entries describing a quiet night during which sleep was possible. Forty-three entries or 95% of sleep entries described extreme sleep deprivation. These resulted from the separate and combined effects of noise, light and the meal schedule. An inmate could not sleep more than three hours at a time because the rock music was turned off at midnight. There was an inmate count at 3 am and breakfast was served soon after 4 am.

Entries also show that certain sadistic night-shift officers caused extreme sleep disruption of entire cell blocks for months at a time by yelling at night over the intercom, turning on cell lights and crashing cell gates back and forth for hours. One such officer in an otherwise silent block created such havoc that two fellow officers came running to control what, by its sound, was a cell block riot.

Environmental sexualization accounted for 8% of the negative environment and had

three chief sources:

- 1) the 18 hours of loud rock music with lyrics of sex and violence;
- 2) male inmates and officers being allowed into female cell blocks to watch women shower, dress and use the toilet and
- 3) gender-based misuse and denial of supplies.

This latter category included such gender discrimination as routinely issuing women jumpsuits without buttons, thereby compelling them to expose their breasts and groin. All inmates were denied sewing materials to mend jumpsuits. During the 1987-1989 period, women were first issued bathrobes, then allowed only to get them from the outside and finally forbidden to possess them. Menstruating women were often deliberately denied sanitary pads. Pregnant women were frequently denied adequate food, clothing and appropriate seating.

This sexualization of the environment had other effects, including poor personal hygiene. Entries described female inmates who refused to shower, because it required exposing themselves to men a few feet away who were screaming sexual obscenities, insults and threats. Poor personal hygiene was also an attempt to diminish the risk of rape. The diary had two entries describing unsupervised male inmates in the female shower area while women were in the showers.

### 3. Other Aspects of the Environment

The barred cell gates, the toilets exposed at the front of every gate and the clear walls around the shower area deprived women inmates of all privacy. Dirt-obstructed, dirt-emitting air vents sprayed particulate dirt into the cells and accounted for most of the dirt and the poor air quality. Heavy cigarette smoke was the second pollutant.

There was only one trash bin in the dining area which contributed to dirt and poor

hygiene. In the shower area, women had no way to dispose of tampons and sanitary pads except by leaving them on the floor.

There was extreme light deprivation in half the cells, ie those facing inwards and significant light deprivation throughout the cell block.

In winter, inmates suffered mild hypothermia and mild frostbite from inadequate clothing. In summer, on one occasion, inmates became dehydrated when their water supply was cut off during a heat wave and the jail provided nothing to drink.

As for food, there was one death by food poisoning, two cases of food-acquired hepatitis and one instance of glass fragments in the food. Thus 20% of the negative food entries were fatal or life-threatening. The description of the jail kitchens by an inmate who worked there was of no hand washing, dirty towels, cockroaches in the food and the immediate re-use of dirty trays and utensils. These procedures were done under the directions of officers.

Cockroaches and mice were ubiquitous. Midges and once a rat infested the shower areas. Pesticides were frequently sprayed in cells but provided no effective control.

#### 4. Comparison with Punishment and Court Cells

Until 1989 solitary confinement meant confinement to one's cell on a general population cell block, leaving the inmate's environment unchanged. In 1989 a female punishment cell block was established.

On the new female punishment block sexualization and noise were less because there were no male inmates and because there was no loud, sexualized music.

In other ways, the environment was worse. There were no trash bins and no toilet paper. Solitary confinement inmates were kept in their cells for days on end, allowed out only



for occasional showers and phone calls. There was excessive isolation, talking, social visits, exercise and religious services being forbidden. Health and hygiene were worsened by these restrictions. Light deprivation was extreme, the light being too poor for reading.

In the court cells, the major environmental problem was the cold of the underground, unheated cells. Administrative rules prohibited inmates from wearing any extra clothing to court. The cold was severe, enough for women to use toilet paper to wrap their hands and feet to prevent cold injury. The court cells also provided inadequate food, no clean water, no trash bins, no sunlight and poor ventilation. Sexualization in the court cells was less because there was no loud, sexual music and because no male inmates in the female cell area.

Below the court cells were the 'central cells', used to house inmates arrested at night, on holidays and on weekends. These central cells were reported to be the worst of all. Barred cages housed men and women across from each other. Women had to use toilets while fully exposed to male view and women were also denied tampons and sanitary pads.

## DISCUSSION

It is difficult to provide for large groups of people. It is perhaps especially hard to provide for criminals. But the environment was a work environment for employees who suffered from it also. Many of the problems were easy to correct. The administration did not do so.

Nor did the environment affect only inmates. The indoor air pollution was clearly a major hazard to everyone. The pollutants included inmates' heavy tobacco smoking and the particulate dirt from the air vents, mites and cockroaches (Gold, 1992). Asthma is becoming

a very common occupational disorder (Alberts and Brooks,1992) and the risk of infectious epidemics such as tuberculosis were considerable. A tuberculosis epidemic occurred in the jail, starting on the women's cell blocks in 1988.

Further the freedom given to male inmates endangered employees and inmates. Once in the library, four such inmates began to crowd a male officer into the wall while jeering at him. Another time a male inmate passing me suddenly cornered me and tried to back me into a room. He was called off by an alarmed male officer who complained that it happened all the time and that the administration should restrict such inmates to their blocks. This indulgence of violent inmates endangered everyone and created a situation similar to the criminal streets.

Among the many obviously negative psychological effects was the sleep deprivation, sleep disorders of all kinds being related to anxiety, derpression and stress (Partinen,1994).

The targeting of women inmates especially in this environment was predictable. In Argentina and Peru, it has been found that the worst government abuses are not aimed at the violent but at the relatively compliant (Pion-Berlin,1989). This, I suggest, is the problem with the jail environment. Those most hazardous to others were treated best and the least hazardous women fared worst.

This traumatic environment, as my data show, arose from the administrative deicision. It put women inmates at a double disadvantage, being both criminal and women. Similar problems arise for handicapped women (Jack et.al.,1982).

The way we were treated echoed the harem. The administration restricted us to our cell blocks and gave male inmates theright to sexually harass us there. The administration made us the male inmates' psychological property.

The effects were pervasive. We had a choice between being dirty or exposing ourself

to sexual threats. The eight hours a day of violent, sexually degrading music at high volume and the denial of basic sanitary supplies added to the physical and sexual traumas caused by the cell block.

The particular confinement of women deprived us of outdoor exercise and access to jail services. By denying repair jobs to women, we were deprived of respected in-jail work. It also provided male inmates with even greater access to women inmates. This pervasive sexualization of the female cell blocks - home for many women inmates - was a problem for women officers as well. They too complained of feeling degraded.

Over and above the particularly poor conditions for women, inmates suffered extreme light deprivation, excessive confinement during long counts and excessive noise. Line officers had to endure the same conditions.

On the other hand, the administration fed 1700 inmates a day, provided generally reliable plumbing and very good control of weapons and overcrowding. The weapons were notable by their absence in the diary.

The good weapon control resulted chiefly from the jail having cells rather than dormitories and from the Federal orders limiting the jail's inmate population. Inmates probably did not hoard weapons because of this. We correctly perceived that the cells and lack of crowding made us comparatively safe. In this respect, the jail was much safer than the criminal streets. It was also much safer than the city's prison in Lorton, Virginia, according to officers and administrators. Commenting on the knives used in the jail's kitchen, a Lorton administrator observed that in Lorton, 'you'd see those knives in somebody's back.'

But why did the administration deliberately create such a poor but easily improvable environment? For example, the Chief Administrators asserted that breakfast had to be served at 4 am, seven days a week, to get inmates to court on time. The argument was specious.

There no court hearings on weekends and during the week, court inmates were roused at 4 am, only to wait for hours in the jail's holding cells. They could easily have been served breakfast there.

Such evasive administrative action was as pervasive as the poor environment it produced. Like many people, I asked the administration to change the radio channel and to turn down the volume. I was first told that the wiring on the female cell blocks did not permit this. I proved that wrong. So the female cell block music was turned down and then turned up in a few days. Similarly when I asked for more books for my fellow inmates, I was told that they were illiterate. This was not true. Judging from the books I myself supplied, the average woman inmate read at about the 8th grade level. But instead of books, the administration supplied cards and TV. Then it criticized inmates for being idle.

The environment might have been poor because the administration was lazy. But in fact it was not. It could have been poor because the jail was out of control and the inmates were in charge. They clearly were not. My data suggest that the senior administrators were like an abuser with two personalities: a caring one and an abusive one. They spoke with passionate concern about rehabilitation. But they used every means at hand to injure those in their power through the poor environment. Further, like people with multiple personalities, the 'good' side of the administration was amnesic for what the 'bad' side did. Such amnesia is characteristic of multiple personality (Putnam, 1989).

To give an example, in 1987 two other female inmates and I asked the Chief Administrator to keep male inmates off the female cell blocks and to install dark plexiglass in the female shower areas.

The Administrator first denied that male inmates ever went to the female cell blocks. A female officer then pointed out that the Administrator had seen them himself. The

Administrator went on to assert that our request was denied because the male inmates 'needed it'. He could not or would not identify what the needs were and why they couldn't change.

Months later after interviewing me a newspaper accurately reported these conditions. The same administrator and same female officer had visited the female cell blocks at intervals and seen these conditions. But they were so convinced that the press report was malicious and false that they asked me to rebut the charges. When I said the article was accurate, I was blamed for not reporting the conditions. When I replied that I had reported them, I was told that nothing could be done because the male inmates 'needed' these conditions.

This stance was one of extreme administrative powerlessness. There had been riots at the jail in 1982 because of extreme brutality and severe overcrowding. But these conditions no longer existed. Yet the administration misperceived itself as powerless when it had full control of the inmates in the jail. This misperception is also characteristic of abusers (Petrik, Olson and Subotnik, 1994).

Could it be argued that the administration actually discouraged crime by making the environment of the jail 'home' so traumatic? No, because it had the opposite effect. Many of the conditions, such as letting male inmates sexually harass women, almost explicitly promoted sexual crimes. Besides this, the petty criminals were being harassed by the dangerous ones. So the administrative position encouraged not only crime but severe crimes.

But most important is that the inmates didn't stay away from the jail. Their recidivism rate was 90%. It was the law-abiding employees who were discouraged from returning to the jail. The line officers had such a high rate of 'no shows' that promotion was based simply on coming to work. It also suggests that a relentlessly safe jail might be enough to deter crime. Safety might be so intensely uncomfortable to criminals as to truly change their behavior so they did not have to return.

In this regard it would be important to not confuse a safe jail with a permissive or abusive one. It was the combination of permissiveness and abuse that made the jail so unsafe.

So in the environment alone, the administration seems to collude of its own accord with the worst criminals to the detriment of employees and lesser criminals. It deliberately created a dangerous, dirty and polluted environment. It targeted women inmates for the worst treatment. This oppression of the weaker groups in favor of the most dangerous inevitably happens in a steep power pyramid. And with respect to its environment alone, it showed the jail administration as neglectful, dysfunctional and abusive.

## CHAPTER NINE

### CELL SHAKEDOWNS

Control of weapons is obviously important to control of trauma. Along with weapons, the administration classified drugs and cash as "major contraband". Cash could be used to bribe officers and to buy drugs and weapons. Possession of any of these was a serious offense, punishable by solitary confinement and at times by prosecution. Minor contraband was anything not issued by the jail.

The jail through its officers issued possessions to inmates in one of three ways: free supply such as meals; purchases from the jail canteen; through the mail after inspection and approval.

The administration's control of contraband relied on inmate shakedowns. These were frisks and strip searches of inmates and searches of their cells. In this chapter, I consider the use of cell shakedowns. Later, in Chapter 15, I consider strip searches since these were done in private. They were not under direct administrative control.

#### I. Description of Shakedowns

Cell block shakedowns were done at irregular intervals, anywhere from twice a week to less than once a month.

Cells were always shaken down by surprise, a team of junior officers headed by a Lieutenant arriving unannounced. The shakedown officers were not the block's line officers.

During cell shakedowns, inmates were frisked and often handcuffed to cell gates or to roommates. In 1989 cell shakedowns included mandatory urine specimens from every inmate.

An inmate who was found to have contraband was punished either by having the item seized or by being formally prosecuted by the jail's Adjustment Board. Prosecution almost invariably led to two-weeks' sentence of solitary confinement. In theory but not always in practice, solitary confinement was reviewed and affirmed by the Chief Administrator before it went into effect.

## II. Numerical Data

### METHOD

All entries relating to cell shakedowns were extracted. They were sorted as to whether they were abusive and as to what items were seized.

### RESULTS

#### 1. Abuse During Shakedowns

Twelve shakedowns were described in 25 months or roughly one every two months. In all 12 shakedowns, inmates were abused in some way.

In four such shakedowns or 33%, shakedown officers attacked inmates' non-contraband possessions, upending boxes of clothes, throwing books, clothes and paper on the floor and walking on them.

In three shakedowns, 25%, women inmates were verbally degraded and abused.

In three shakedowns, 25%, the women inmates were sexually harassed. In two of these three, shakedown officers stood by cell gates to stare at women's genitalia and shout abuse



at them while they urinated into specimen cups. Both times, the offending officer was female, joined on one occasion by her male supervisor. The third sexual harassment involved an entire shakedown team. Male shakedown officers ran on to a female tier early in the morning shouting and screaming at female inmates to get up and get dressed for a shakedown. The male officers insisted with yells that the women immediately get out of bed. Women inmates were issued with neither bathrobes nor night clothes. So the men paced the tiers yelling abuse at naked women.

In two shakedowns or 17% of them, officers deliberately used handcuffs to hurt and degrade inmates. On one shakedown, all handcuffs were put on tightly to compress the wrist nerves. In the second shakedown, I had a broken foot. The supervising Lieutenant seized my crutches, handcuffed me and locked me in my cell.

## 2. Items Seized as Contraband

### Major Contraband

During the full 25 months of shakedowns, no major contraband was found.

### Minor Contraband

On every shakedown officers found many items that they or their Lieutenant deemed 'minor contraband'. Fig. 9.1 lists the items seized as contraband, those challenged as

contraband and those approved as not contraband.

Fig. 9.1		
CONTRABAND DETECTED ON JAIL SHAKEDOWNS		
SEIZED	CHALLENGED	APPROVED
canteen bags milk cartons jam sugar packs toilet paper jumpsuits sheets mattresses prescription med. soap soap dish jail rule book mailing boxes paper poster underwear paper flowers snapshots hard back book cologne pendant chewing gum* dime store ring*	legal papers medical papers study papers paperback books clothes ace bandages aspirin jumpsuits instant coffee brewed coffee	pens paper plastic cup pencils jumpsuits bread canteen bag paper pumpkin piece of cardboard solar calculator

\* = true contraband

Of 32 items challenged or seized as 'contraband', 30 or 94% had been issued by the jail. Of the items seized as contraband, none were dangerous and none posed a security risk to the jail. Twenty-two or 91% had been issued by the jail. The lists show that identical possessions were, at other times, approved as non-contraband.

Only two items, a piece of chewing gum and a dime store ring, were true minor contraband. In both cases, the female inmates were given two weeks' solitary confinement.

In a third case, I was put in solitary confinement for possessing items which I proved were delivered to me by the jail after mail inspection. My solitary confinement had been concealed from the Chief Administrator who later overruled it.

## DISCUSSION

"Words mean what I tell them to mean," said Humpty-Dumpty. In the jail, 'contraband' did not mean a forbidden possession. Ninety percent of 'contraband' had been legally issued to the inmates by the jail administration. At some magical moment unknowable to any inmate the legal possession became illegal. "Tyranny flows easily from the accumulation of petty restrictions" (Laski,1930). It flows more easily still from irrational petty restrictions. What was the point?

It was not to keep the jail safe. In over two years of abusive seizure of jail property, not one item of major contraband was ever found on my cell block. In a busy jail, it seemed a colossal waste of time. It wasted money by throwing away items purchased by the jail for its inmates.

The absurdity was evident the moment the 8 am shakedown officers arrived. Women stood at their cells hurling apples and oranges into the corridors. These and other food issued at the 4 am breakfast had become 'contraband', like Cinderella's coach turning into a pumpkin.

The administration's justification was as absurd as the shakedowns themselves. I was told that by keeping food in our cells, we encouraged the vermin. This implied that mice and cockroaches were eating apples and oranges and opening sealed cartons of milk and cereal. They were not. Rather they were eating cookies - sold by the jail through the canteen. These

were never contraband but they fed the mice and roaches. The jail provided no closed containers for this canteen food so often if you reached for a cookie, you got a mouse.

This absurdity led to hopelessness. No matter how one tried to obey the rules they never made sense. Every legal possession was subject to sudden seizure. Every written rule was subject to sudden contradiction by an unwritten one.

Why? My diary showed that shakedowns were uneven. There were long periods of none, then long periods of many. I could not find the answer from the data on the shakedowns themselves.

The answer suggested itself when I looked at the other events noted in my diary along with shakedowns.

During the time of the most frequent, most aggressive and most 'irrational' shakedowns, the city newspapers were reporting the widespread sale of illegal drugs by jail officers to jail inmates. Shakedowns also coincided with the onset of the open sale of drugs on my own cell block. This began with the detention of a woman involved in major, organized drug crime. The jail gave her a cell to herself and soon began to provide her with daily bags of 'groceries'. This was a flagrant violation of jail rules. Officers were threatened with demotion for giving inmates a single life saver. And the transport of these overflowing grocery bags through the jail without detection was impossible. To do it every day required protection from the administration at a high level.

Nor did the bags contain only groceries. They held large amounts of illegal drugs which the woman sold openly from her cell. Every day, a long line of inmates purchased drugs from her in full view of the cell block officers. During this time, we were shaken down for contraband. This woman's drugs were never 'found'. It required collusion at very high levels.

Shakedowns also coincided with the detection within the jail of twelve male officers bringing in drugs to sell. Only one was fired. But this was followed with a highly aggressive shakedown. Two women inmates, one found with chewing gum and one with a dime store ring were put in solitary confinement for two weeks. I concluded that shakedowns were a smokescreen. They were superficial 'proof' to an outsider that the jail was trying as best it could to control every tiny item that didn't belong in the jail. It was possible that just as prostitutes were classified as rapists, chewing gum and dime store rings were classified as illegal substances and dangerous weapons.

There was other evidence to support this misuse of shakedowns. It was widely reported by inmates and officers that jail-approved detail workers got drugs from officers. Most major contraband - drugs and weapons - were said to be stashed off the cell block in work areas around the jail. Had the administration wanted to control major contraband, it would have searched work sites as well as cells. According to my diary, it never did.

Shakedowns appeared to have a further purpose of intimidation of line officers and of inmates. Shakedown officers were under obvious orders to destabilize and abuse inmates. Lieutenants led their officers onto the cell blocks in a screaming burst, shouting threats. One Lieutenant ordered all inmate mattresses seized and thrown around the cell block. When block officers protested, the supervisor responded with vituperative verbal abuse. Despite the block officers' reasonable complaints, the administration made no response. This Lieutenant was repeatedly abusive to inmates and officers alike.

The irrationality of shakedowns was destabilizing to shakedown officers as well. One started screaming at me, demanding to know why the administration issued us with sugar at 4 am and then ordered him to seize it at 8 am.

So the shakedowns seemed to serve a dual purpose: 1) to conceal and to collude with

major drug distribution by officers and 2) to intimidate and destabilize block officers and inmates. This made them less likely to report the drug dealings.

In shakedowns, the administration seemed to operate both as an abusive but also as a quasi-criminal head of family. It used psychological warfare tactics to cow and confuse inmates and block officers. The goal was their silence about the administration's collusion with and tolerance of crime among employees and favored inmates.

Cell shakedowns were not inherently unreasonable. But they were misused to inflict psychological trauma and to maintain power by fear and secrecy. It again made it unreasonable to expect inmates to change their behavior when the example set for them was one of tyrannical abuse.

## CHAPTER TEN

### MEDICAL CARE

This is the last of five chapters about the jail administration. It concerns its provision of medical care. But medical care is always affected by three groups - administration, medical personnel and patients. So this is a fitting chapter to straddle the divide between the administrative role in the jail and the experiences, behaviors and beliefs of the inmates and employees.

If my theory is correct - that physical and psychological trauma is a unity, and that multiple, severe psychological traumas are central to criminal behavior - then the jail should be faced with multiple severe medical problems in its inmates. These should stem from trauma, either directly or from the effects of multiple, unsafe behaviors.

Further, the jail itself should inflict new traumas on its inmates and should neglect their medical care, if - as my theory proposes - it functions as an abusive head of family.

In this chapter, I will look for evidence of all three factors: poor inmate health before jail and once in the jail, poor care and new traumas.

## I. DESCRIPTIVE DATA

### 1. The Delivery of Medical Care

The jail administration hired a Director of Medical Services, nurses, medical and dental technicians and a small physicians' group. The medical offices were on the second floor. They included infirmary beds for male and female inmates, an examining room, an x-ray room, a dental room and an office. The examining room had three cubicles. None of the cubicles had curtains that pulled fully around the examining area to protect inmates's privacy during, for instance, pelvic examinations. The medical offices had no sterilizer and no equipment or facilities for any procedures more complicated than taking a blood sample.

There was a dental care room for examination, routine x-rays, extractions and dentures. Filling cavities and dental hygiene were rarely done. All dental care items, including dental floss, were contraband except toothpaste and poor quality toothbrushes sold on the canteen. Salt for mouth rinsing was usually withheld on the grounds that inmates might use it to salt their food or to conceal illegal drugs.

The physicians worked under a one-year contract which, according to them, was too short to develop better medical care programs for inmates. The physicians also complained that the senior administration ignored or rejected their recommendations for improvement of the environment and the prevention of medical complications in inmates. For instance, the administration had the canteen provide only highly sugared or salted foods to its inmate population many of whom had high blood pressure and tooth decay. The administration sent diabetic inmates to court with inadequate provisions for food and water. They returned hypoglycaemic, dehydrated and sometimes seriously ill.

In theory, on admission, all inmates had or were supposed to have a physical assessment, including pelvic examination for female inmates and a screening test for



tuberculosis.

In the jail medical care was provided in theory in the following way. Seriously ill inmates were taken to the infirmary at any time. For routine medical care from Monday to Friday, inmates had only to sign up the night before, to be seen by a physicians' assistant, called a 'PA'. Inmates needing specialist care would be seen by visiting specialists or sent across the street to the hospital.

In practice, things did not work as planned. Except in extraordinary circumstances, inmates did not receive emergency care during counts. Thus access to any medical care was largely limited to the 5 hours or less each working day that inmates were not locked in their cells. The lack of female officers to escort female inmates especially limited women inmates' access to urgent medical care,

As for signing up to be seen by a PA, busy cell block officers often did not post the medical sign-up sheets or did so for only a few minutes. The jail provided no pen or pencils for inmates to sign up. The sign-up system was never explained and many inmates did not know how the system worked.

Many inmates, e.g. those returning late from court or those off the block for work were unable to sign up for medical care.

Many people who did sign up might miss the PA. The PA came at no scheduled time. The PA's arrival was not announced. Other inmates might miss the PA because they were at work or education.

PAs had no supervision while they worked and hence no way to learn. This made them reluctant to provide any care. An inmate could easily spend 6 months signing up and seeing PAs in order to get a few doses of aspirin or a stool softener.

Prescription medicines were given out in the infirmary by a nurse to inmates named

on a daily list. Female inmates required an escort to get to the infirmary. Many missed their doses because of a lack of an escort.

Orthopedic, general surgery and obstetric specialists regularly came in from local teaching hospitals as did a radiologist, to read x-rays taken in the jail. Since they came once a week, there were significant delays in treating urgent or emergency problems.

Nor were the in-jail medical staff who were sent to handle emergencies always fit to practice medicine. A physician sent to resuscitate a dying woman inmate was Chinese, spoke no English and had no knowledge of Western medical care. He had not been hired to provide care but to keep track of methadone supplies. (The nurse who accompanied the physician worked with me to resuscitate the patient. She was taken to the hospital but refused further medical care or assessment.)

Getting hospital care was comparably arduous, more so for women than for men. Inmates needing hospital care were awoken at 4 am and spent hours in the holding cells until being taken across the street to the hospital. Once there female inmates sat shackled and manacled in hallway chairs while male inmates were taken out of sight to holding cages. The wait might be for six or seven hours. The burdensome process most discouraged the sickest inmates from asking for medical care.

Nor did the jail follow its own rules regarding escort of women inmates at the hospital. Often a female escort was not available. A male Lieutenant was secretly directed by the senior administration to break the jail's rules to get women to their appointments. But the officer was told that he would be fired if he were detected doing this.

Nor was hospital care either adequate or humane, particularly for pregnant women and their newborn children. In-hospital care was provided in a locked ward of the DC General Hospital. Pregnant women were shackled during delivery and were returned to their cell block

within 24 hours. They were not allowed to visit their newborn children. There was no post-natal care and women who were hemorrhaging, who had AIDS or both, were returned to their cell blocks within twenty-four hours.

## II. NUMERICAL DATA

### 1. Medical Problems and Medical Care

There was some overlap between medical and environmental problems. In this section, I do not consider problems which I considered earlier in Chapter 8, The Physical Environment.

There were 157 diary entries, usually lengthy, about medical problems and medical care. One entry often referred to both the problem and the care. I sorted these into 421 specific entries which fell into one or more of the following four categories: a) inmates' pre-existing problems, b) inmates' jail-acquired problems, c) medical care and d) miscellaneous. Miscellaneous entries were ones that could not be entered into any of the first three categories.

Since I am a physician and I was in good health, I was likely to have fewer medical problems and to receive better medical care. Accordingly I separated entries about my health and medical care from those of my fellow inmates.

There were 29 entries describing my medical problems and medical care and 128 describing medical problems and care of other inmates.

## A. Pre-Existing Medical Problems

### The Author

I had no pre-existing medical problems.

### Other Inmates

Eighty entries, or a third of all medical entries referred to inmates' pre-existing medical problems. In descending order of frequency, there were five types of problems:

- i) psychological/neurological problems;
- ii) infections from drug use and promiscuity;
- iii) physical trauma;
- iv) complications of pregnancy;
- v) non-infectious complications of addictions
- vi) miscellaneous problems.

#### i. Psychological/Neurological Problems

Psychological/neurological problems accounted for 25 or 31% of pre-existing medical problems. The most common - accounting for almost half of this group of problems - was that of seizure-like flashbacks to extreme childhood abuse. There were twelve of these. During the flashbacks, inmates fell to the floor, their bodies arched, stiff and jerking spasmodically. The inmates were conscious but terrified. These flashbacks accounted for 15% of all pre-existing medical problems.

There were seven suicide attempts related directly to prior severe mistreatment. Other mental health/neurological problems were depression, seizures, anorexia, delusions and AIDS of the central nervous system. The anorexia and AIDS were known to be related to extreme prior abuse, the AIDS being deliberately suicidal after other suicide attempts had failed.

## ii. Infections from Drug Use and Promiscuity

There were 24 entries about infections arising from drug use (including alcohol) and/or sexual promiscuity. These accounted for 30% of pre-existing medical problems. Such infections caused ulcers of the face, hands and skin, endocarditis (heart valve infection), hepatitis (liver infection), tertiary syphilis and AIDS.<sup>8</sup>

## iii. Physical trauma

There were 10 entries or 13% about physical trauma, accounting for 5% of pre-existing medical problems. All physical traumas had obvious associated severe psychological traumas. These physical traumas included severe burns, anal incompetence from gang rape, massive pelvic infection from sexual torture and injuries from gunshot wounds and assaults, including from police during arrest.

## iv. Complications of Pregnancy

There were 7 entries or 9% concerning complications from pregnancy in women who arrived pregnant. The death rates for inmates' children are considered in Chapter 16, Parenting.

## v. Complications of Addictions

Non-infectious complications of addictions, eg pancreatitis and arterial aneurysms, accounted for 6 or 8% entries about pre-existing medical problems.

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<sup>8</sup>According to the Chief of Medical Services in 1987, 70% of the jail's drug-addicted prostitutes were positive for AIDS.

#### vi. Miscellaneous Problems

There were 8 miscellaneous problems or 10% of the total pre-existing problems. These included inherited disorders, e.g. Crouzon's disease and sickle cell anemia. They also included occupational disorders, eg. respiratory insufficiency. They also included terminal cancer. The patient dying with recurrent small bowel cancer received no medical care for six months. There was one case of undiagnosed diarrhea. It was suspected to be from AIDS.

In total, seizure-like flashbacks to abuse were the single most common pre-existing medical problem. Physical trauma and behavioral evidence of prior psychological trauma combined accounted for 85% of pre-existing medical problems.

Some pregnancies may have been trauma-related, such as those from rape in or out of the jail, incest and promiscuous sex related to prior abuse. This is further considered in Chapter 11, Inmates and Employees Childhood Histories and Chapter 15, Sexual Behavior and Sex-Based Beliefs.

#### B. Medical Problems Incurred in the Jail

##### The Author's Jail-Acquired Medical Problems

There were 18 entries about my 25 new medical problems acquired in the jail. I acquired one new medical problem a month. These included respiratory and immune problems, muscle wasting and infections. Most were chronic and of moderate severity. None were severe. A few resolved spontaneously.

All of my jail-acquired problems including a fracture from exercising on the cement floors were directly and usually entirely the result of the environment.

### Inmates' Jail-Acquired Medical Problems

There were 40 entries about medical problems acquired by other inmates while in the jail. Ninety-six percent were trauma. These were --

- new physical and psychological traumas;
- the emergence of new symptoms arising from pre-existing psychological trauma;
- the traumatic effects of the environment.

Seventy percent of jail-acquired problems were the result either of employees' deliberate infliction of trauma on inmates or of the poor environment.

#### i. Problems Caused by Employees

Eighteen of the new problems or 45% of them arose from the actions of the jail's employees and of the US Marshalls at the city courthouse. All but two were deliberately inflicted. These two were the inadvertent crushing of limbs in cell gates closed by remote control.

Six of the deliberately inflicted problems were from assaults, half of them by US Marshalls at the courthouse.

Ten of the deliberately inflicted problems resulted from deliberate mistreatments. There was considerable variety as shown by this listing of them:

- a paraplegic inmates' hysteria on being threatened with suffocation by an officer;
- pregnancy from an officer's sexual assault;
- pulmonary complications from toxic mace used to 'treat' attempted suicide;
- smoke inhalation affecting 20 women inmates whom an officer refused to release during a fire;
- suicide attempt at the urging of a nurse;

recurrent seizures after being refused access to medical care for seizures;  
status asthmaticus from being refused medical care for asthma by an officer;  
dislocated shoulder and miscarriage from deliberate entrapment in a cell gate by an officer;  
vomiting from being issued a constricting jumpsuit when pregnant; stroke following repeated denial of medical care for seizures.

#### ii. Problems Arising from the Jail Environment

Ten jail-acquired medical problems or 25% of them were direct effects of the jail environment. These were new respiratory disorders (3); acne rosacea; headache; food poisoning; food-acquired hepatitis; dental decay; deafness and tuberculosis acquired in jail. (A subsequent tuberculosis epidemic involved an unknown number of inmates and officers.)

#### iii. Exacerbation of Pre-Existing Psychological Traumas

There were six entries, or 15%, describing psychological mistreatment by jail personnel which led to women inmates developing new and severe symptoms of severe psychological traumas from past abuse. These could have been considered pre-existing problems because the traumas preceded the women's entry into the jail. They are considered here because these particular symptoms arose apparently *de novo* in the jail.

Three were eating disorders, one of them fatal. Three were flashbacks to extreme abuse triggered by the jail's actions. The action was a jail employee telling a woman inmate of her child's rape, murder or near-fatal shooting without offering emotional support.



#### iv. Physical Trauma Not Caused by Jail or Courthouse Staff

Four jail-acquired problems were physical trauma not caused by jail employees or Marshalls. Three traumas resulted from cell block fights and the fourth was a severe burn from work in the laundry.

#### v. New Medical Problems: Not Related to the Jail

Two women had new medical problems in the jail that were not related to the jail. One woman developed glaucoma and the other gave birth to a fatally deformed child, conceived before the mother came to jail.

### III. Medical Care

There were 87 entries about the medical care given in the jail. Of these, 19 or 22% of them concerned the medical care I received.

#### The Author's Medical Care

There were 19 entries about medical care. this included my attempts to get care for 6 problems: a fractured bone; crushed arm; tooth decay; tendonitis; rectal bleeding and constipation. I included my interactions with medical employees who interrogated me for court purposes.

On three occasions, 16% of the time, I obtained appropriate care. On 16 occasions or 86% of the time, medical care was poor because it was refused, clearly inadequate or misused to abuse me. Abuse occurred on four occasions, affecting 21% of my medical care.

### Other Inmates' Medical Care

Of the 68 entries about other inmates' medical care, seven or 13% described adequate medical care, 50 were about inadequate care and 11 were about officers' refusal to give inmates access to care. Overall, 87% of the time, medical care was refused, abusive or clearly inadequate.

In fifty entries, 74%, the problem arose in the medical service itself, staff refusing to treat or giving very inadequate care. Two inmates or 4% died as a result, one from anorexia and one from food poisoning. A third patient died from very painful recurrent small bowel cancer after being refused treatment for six months and after being refused early release from jail so that she could make arrangements before death for her 5 year-old child.

The inmates' medical conditions were serious ones. Medical officers refused to treat and refused to document inmates' injuries from assaults by officers and US Marshalls.

Medical staff also refused to treat major infections of the heart valves, lung and kidneys; significant burns; facial infections; pulmonary insufficiency; seizures; stroke; respiratory arrest; central nervous symptom complications of AIDS; fractures; pancreatitis and suicide attempts. There were refusals to provide routine pre- and post-natal care. On four occasions, medical care involved serious sexual or verbal abuse of inmates.

In 11 entries, or 16% of them officers denied inmates access to medical care for serious and life-threatening medical problems. Some of these led to new medical problems, described under jail-acquired medical problems.

#### IV. Employee and Inmate Use and Misuse of Medical Care

There were 9 miscellaneous medical entries about six employees and three inmates' use of medical care.

Of the employees, five used medical care appropriately. Three asked me for surgical advice. One stopped a questionable 'psychotherapy' group which apparently provided male inmates with sex with female inmates. One temporarily terminated medical care after an inmate escaped from jail.

The sixth employee misused a consultation with me. She abandoned her work to quiz me for an hour on the costs and complications of all cosmetic surgery.

Three inmates misused medical care or tried to do so. One asked me for a false medical report. One concealed illegal drugs in a jail prescription envelope. One smoked jail-issued sedatives to get high.

### DISCUSSION

Almost every medical problem could be clearly traced to trauma or was a typical outcome of severe psychological trauma. Many arose in the jail. This was true of pre-existing and jail-acquired problems. This meant that the jail was recreating the traumatic conditions of inmates' out-of-jail lives.

The impact of the jail was evident in myself. I entered healthy and acquired a health problem every month. Other inmates developed the ones I did as well as their more serious ones. These were obscured in my diary by my entries about their more serious problems. Improving the environment would directly decrease the work of the medical staff.

Sixteen percent of all inmates' pre-existing health problems were seizure-like

flashbacks to extreme childhood abuse. If new flashbacks triggered by poor emotional treatment by the jail staff were to be included the percentage would rise to 18%. This supports my theory that my fellow inmates entered very severely traumatized from prior abuse.

It also supports the idea that compared to inmates, officers were less injured by prior childhood abuse. No officers were observed having seizure-like flashbacks triggered by events in the jail.

Of inmates' jail-acquired problems, 95% were traumas. Together deliberate mistreatment and the traumatic environment accounted for 70% of all jail-acquired problems. Controlling trauma of all kinds would have greatly decreased the burden on the medical staff. Further, a less traumatic environment would probably have triggered less severe flashbacks.

Medical care of any problem - mine or my fellow inmates' - was refused, poor or abusive over 85% of the time. In practical terms, this was institutionalized medical malpractice, if the care were compared to that in the community.

Jail violence is often attributed to inmates. The poor medical care was attributed to their manipulativeness. But these accounted for only 7% of jail-acquired medical problems among the women inmates.

Women were more disadvantaged medically than men because they could not get to the infirmary to demand medical care. Women heroin addicts suffered most of all because only inmates already in a methadone program were treated for withdrawal. Methadone treatment led to many women becoming addicted to methadone but those who were not in such programs spent days in pain, shaking and vomiting.

Inmates were needy, both psychologically and physically. As a result, many of the medical staff frankly disliked or even hated them. This happens (Grove,1983), but it too often

led to this dislike being used to rationalize the denial of care. Besides, dependency on and manipulation of staff by inmates was not a one-way road. Patients demanded excessively because care was denied excessively. The medical staff gave in to excessive demands but refused reasonable ones. It bred 'manipulation'. This was an effect, not a cause, of the poor care.

Who was responsible for the poor care? The medical care itself was undeniably poor. The infirmary lacked the most basic equipment. What it had, it did not use. Its sterilizer for instance was stored, not used. The staff provided on-block supervision of its PAs, tolerated their refusals to document brutality by officers and sent an incompetent physician to care for a life-threatening emergency.

On the other hand, many of the medical staff were dedicated, hard-working and excellent. Why did nothing improve?

The root of the problem seemed to again trace back to the administration. It used short contracts, making it impossible for the staff to develop better programs. It rejected the staff's reasonable recommendations for improvements in care and in the environment.

For instance, some officers kept patients in their cells for hours during acute asthmatic attacks. This was done sadistically and despite written medical orders for specific inmates with asthma that they be brought to the infirmary at once if they complained of difficulty breathing. The administration took no action to stop these officers. It maintained its conflicting directives that all inmates remain in their cells during the counts.

Inmates were caught in a trap between administration and medical staff. One inmate with 75% loss of lung capacity from occupational injury was perpetually refused her routine medication because the medical staff did not call her to the infirmary during the day. She would then be refused access to emergency care at night because of the counts. After my

written complaints, pointing out that she was likely to die, she was still not treated. After a while she was transferred out of the jail. She was not alone. Inmates with serious medical problems of any kind were repeatedly accused by unsupervised PAs of lying. The inmates were refused routine treatment and then found themselves trapped during the counts with no access to emergency care.

But administrative obstruction of every aspect of health was evident, down to minutiae. It made dental floss contraband, provided inadequate toothbrushes and sold a large selection of candy and cigarettes on the canteen. Rotting teeth were unavoidable in the jail.

The administration, the line officers and the medical staff were often at loggerheads. Each blamed the other for the poor care. Yet many solutions were obvious and easy to implement. For instance, having medical teams of PA, nurse and physician make medical rounds on the cell blocks during the counts would have had at least four immediate good effects: 1) supervision and instruction of PAs; 2) rapid completion of most medical work; 3) cessation of denials of care, including care denied after assaults by officers. Why was nothing done?

I suggest that the administration had a vested interest in poor medical care. It allowed the administration to deny and conceal the widespread physical and psychological brutality at the jail.

To keep the brutality in perspective, it was far worse at the courthouse. There it was inflicted by US Marshalls. So the city jail actually did better than Federal employees higher up in the system.

But medical care was obviously and routinely denied to psychologically and physically assaulted inmates. This meant that there was no medical documentation to support any inmate complaints. It allowed the administration to reject all of them. As the diary noted, according

to a senior administrative officer, all inmate complaints about all mistreatment were dismissed because all inmate complaints were considered incredible. Whatever the complaint, the officer's denial was believed.

So the conflict between administration, medical staff and officers was also collusion. In exchange for medical staff not documenting complaints and evidence of mistreatment, senior officers in turn deleted complaints by their own junior officers about abusive medical staff. This collusion between these two groups enabled the administration to reject all inmate complaints.

For brutality to be the cause of the poor care, it would have to be common. Suppression would have to occur regularly at high levels. It did. According to my cellmate who worked for Central Command, incident reports describing 'reasonable restraint' of violent inmates were filed every day. While my roommate typed these reports, she listened as the officers submitting them talked about what they had actually done. Regularly it was group bashings of a handcuffed and shackled inmate. Often this violence was unprovoked. The senior officer in my roommate's shift confirmed that in ten years, one inmate complaint of brutality had been upheld. In this case, the inmate had been permanently, severely brain damaged.

To continue this state of affairs, the administration needed the collusion of the medical service, whose contract it controlled. Exposure of brutality would result if medical staff did thorough and ethical work.

Most modern medical ethical problems (Kennedy,1981) arise from technological advancement. The ones in the jail did not. The Declaration of Tokyo (1975) addressed 'degrading treatment' during detention and torture. It declared that 'the doctor must have complete clinical independence in deciding upon the care of a person for whom he/she is

medically responsible" (Johnson,1990, p. 100-101). Overruling medical orders concerning asthma patients and denial of preventive care to diabetics were some administrative decisions that clearly crossed this line. The Hippocratic Oath has the physician swear to keep the patient free from harm or injustice (Johnson,1990,p 20). This was clearly beyond the ability of the physician in the DC jail.

It was an ethical dilemma for conscientious physicians. Did one tolerate the conditions and try to improve them? Or recognize that this was futile and that tolerance was collusion? The dedicated black physician whom I knew best eventually decided that he was powerless in the face of administrative opposition. He resigned.

In short, to improve medical care at the jail, one needed to expose and control abuse. The one arose from the other.

A new problem would arise if medical care were greatly improved. Good care is expensive. Providing it to inmates and not to employees is inherently unfair. Some inmates were themselves bitter that they had to commit a crime to get free care. Fairness is as essential for a healthy family as taking responsibility for stopping abuse (Gelinas, 1989).

Forcible loss of one's freedom can not justify good, free care for inmates. People lose their freedom in many ways. Being injured in a car crash is one of them. Victims of massive, physical trauma do not get free care.

Within the jail system, fairness would not be difficult to establish once brutality and the poor environment were controlled. Employees could be entitled to the same free consultation, medicines and bandages that inmates received during rounds in the jail.

Why was the administration so dedicated to brutality and to poor care? Why, simultaneously, were they so encouraging of sexual harassment and aggression against women inmates? It seems to trace back to the pyramid shared by crime, abuse and war. Two types



of traumatic events are consistently the most traumatic: 1) physical brutality against men in the form of combat and 2) sexual brutality against women in the form of post-combat civilian rapes, often ending in sadistic murder (Vrana and Lauterback,1994; Fuhrmann,1987; MacGahan,1876; Time Magazine Correspondent,1987).

As I showed in Chapter 7, the administration established a war-like military relationship with its inmates. With the best intentions, occupying forces tend to hate the enemy and deny them routine medical care (Smith, 1992).

Whether or not this comparison is valid, the administration's behaviors are characteristic of the rule of force. It continues to be reasonable to compare it to an abusive head of family.

Even so, it was not responsible for the inmates' original problems, either as victims of abuse or as perpetrators of crimes. It was at most a court-ordered foster family. Like a foster home, it faced the burden of its 'childrens' physical as well as psychological traumas (Litz, Keane, Fisher, Marx and Monaco,1992).

In my theory, I proposed that the inmates were massively psychologically traumatized. Their problems would place unusual demands on any foster family. It would require a good understanding of their needs, extensive social support and training and access to psychological trauma experts in handling difficult problems. The jail had none of these. But how traumatized were its inmates? The frequency and severity of seizure-like flashbacks suggests the answer - 'massively'. Data in the coming chapters should help to decide if this is the case.

## CHILDHOODS OF JAIL 'FAMILY' MEMBERS

## CHAPTER ELEVEN

## INMATES' AND EMPLOYEES' CHILDHOODS

Early, severe childhood abuse, abandonment and neglect are the common sources of severe psychological trauma in a society which is not at war. For example, at least 20% of women have been sexually abused as children, usually in very serious ways. (Finkelhor, Hotaling, Lewis and Smith, 1990; Russell, 1983). It can be argued that even if 20% of criminal women have been sexually abused, the finding is irrelevant - because 20% of all women have been sexually abused.

This argument is unsound. It doesn't consider the number and the severity of the resulting traumas. Serious car crashes for instance can cause massive injuries or none at all. No one would argue that massive injuries aren't caused by some car crashes - on the grounds that most people escape unhurt from other ones.

My argument is the same for criminals. I suggest among criminals are a very large numbers of massively injured survivors. Their injuries, like those of people in intensive care units, are the chief determinant of their behavior. If so, among jail inmates, one should find childhood histories of the events likely to cause massive, multiple psychological traumas. There should be more of these events, more severe events and more types of events than are found in comparable populations or in the population at large.

The jail employees described in my diary were in many ways comparable to the jail inmates. Most of them were black, most were women and most had suffered poor education and limited job opportunities.

In this chapter, I consider what each group told me about their childhoods, to see if the inmates' were more highly traumatic. I also look for any correlation between the type and severity of inmates' traumas and the severity of criminal behavior.

## METHOD

The diary was reviewed for all entries recording inmates' and officers' early childhood experiences and their outcomes, including their criminal behaviors.

These entries were not complete histories. I was an inmate, not a researcher conducting a formal study. But various officers had conversations about their childhoods with me during long counts. Various inmates had conversations about their childhoods with me when I helped them write to their judges. Others talked openly of their childhoods. I recorded some of all of these.

For these entries, I classified childhood events as **traumatic** if the person said the experiences hurt her or made her childhood 'bad.' The experiences included physical trauma and physical, sexual and psychological abuse, neglect and abandonment.

I classified traumatic events as **abuse** if the description met my narrow criteria of physical abuse, sexual abuse or both. My criteria, based on definitions used in formal studies of abuse (Finkelhor, et.al.,1990; Brown and Anderson,1991) defined physical abuse as physical coercion or violence greater than a beating with a belt on the buttocks. I defined sexual abuse as coercive sexual contact before age 16.

Most criminal behaviors were easily classified. But there was no boundary between drug use and drug sales. All drug sellers used drugs. Therefore I classified the distribution and the possession of illegal drugs into a single group, drug crimes.

## RESULTS

The diary recorded nine jail employees' and 41 inmates' detailed descriptions of their childhoods. Another 17 inmates described being abused but gave few details. The jail employees are considered first, then the inmates, the abused ones being considered last.

### I. Jail Employees

All nine employees who told me of their childhoods were people named and identified in the diary. All said they had been abused. Seven of the nine descriptions of abuse met my narrow criteria of physical/sexual abuse.

Of these 9 employees, 7 were female officers, 1 was a female physician's assistant and 1 was a male jail chaplain. They represented 12% of the named female officers in the diary, 20% of the named female medical personnel and 20% of the named male chaplains. The ones whose abuse met my criteria were all female. They represented 11% of the named female officers and 20% of named female medical personnel.

The birth father of all nine employees had either psychologically abandoned the child by abuse or physically abandoned the child. No employee had been abused by nor physically or psychologically abandoned by the birth mother.

#### 1. Employees who reported traumatic but not abusive childhood events.

For one employee, this was psychological abuse including witnessing extreme physical abuse. For the second employee, this was psychological abuse including non-contact sexual abuse. Her abuser drilled holes in her bedroom walls to watch her when she was naked.

For both employees, the birth father was the psychological abuser. For both, the psychological abuse was severe and started early in childhood. For one employee, it lasted

throughout childhood. For the other employee, it ended promptly when the maternal grandmother intervened.

The employee who was not protected said the psychological abuse had been ruinous. Childhood was miserable. The later effects of the abuse were abusive homosexual relationships as a teenager and as an adult, betrayals within adult relationships and the choice of the wrong career. The employee ultimately decided to permanently avoid all close personal including sexual contact with anyone. This employee was clearly still significantly injured by the paternal abuse.

The protected employee said the abuse remained vivid. No negative sequelae were described or observed. The employee was happily married and a happy parent.

## 2. Employees who reported abusive childhood events

Of the seven abused employees, six or 85% had also had only one abuser. Five of the solo abusers were birth fathers and the sixth was the step-father.

The seventh abused employee had had two abusers, at two different times. Both of them were maternal boyfriends acting as de facto fathers.

Five of the seven abused employees, or 71%, had been repeatedly sexually abused by fondling and penetration.

Two of the seven abused employees, 28%, had been severely physically abused and had been further psychologically abused by witnessing siblings' and mothers' physical abuse.

For five abused employees or 71% of them, the age of onset of abuse was 5 or younger. For one employee, sexual abuse occurred at age 7. Another employee gave no age of onset.

One abused employee or 14% of the total had been protected from sexual abuse after

a violent rape by her stepfather at age 7. Her mother reacted at once, chasing the man out of the house and never letting him return. This mother was employed, well-connected and capable of supporting herself and her child. This protected employee was happily married and a happy parent.

Two employees were 'saved' as adults by their abusive fathers' early deaths. Both employees described this as the best thing that happened to their families.

All six abused employees who were not protected had obvious evidence of significant psychological trauma. One was chronically depressed. One had a panic disorder brought on by memories of abuse. This employee also had sexual hallucinations and was verbally sexually abusive of female inmates.

Two abused employees or 28% were homosexual and attributed this to their father's incest. Two abused employees or 28% were not homosexual but were unable to form close attachments to men, despite constant efforts. They attributed this to their abuse.

One abused employee had frequent terrifying flashbacks when alone. Two abused employees had brothers who were diagnosed as schizophrenic because of the abuse.

There were limits to what the employees had experienced. No abused or traumatized employee had been prostituted as a child. None had been physically abandoned by a non-abusive mother or raised in an alcoholic home or by a 'rich' family. None had suffered major physical trauma. None had lost siblings to adoption, foster care or murder. None had been 'protected' from abuse by court-ordered placement with yet another abusive family.

No abused employee had been both physically and sexually abused. All but one employee had had only one abuser. The employee abused by two people had suffered intermittent abuse. All employees had had enduring attachments to supportive mothers.

## II. Jail Inmates

There were 58 women inmates who told me of their childhoods.

Seventeen of the women, 15 of them named in the diary, said they had been severely abused throughout their childhoods but gave few details. Eight of these women, 47%, mentioned incest. Two described abandonment as well as severe physical and/or sexual abuse.

Forty-one women described their childhoods in detail. Of these, thirty-nine were named in the diary. The other two did not identify themselves.

All told, 47 women named in the diary volunteered histories of childhood physical/sexual abuse. They represented 17% of all women inmates named in the diary.

In the following sections, I consider only the 41 inmates who described their childhoods in detail.

### 1. Inmates who reported no childhood traumatic events

Six women (15%) reported no childhood traumatic events. All of these women were involved in drugs, none in prostitution. In addition to drug crimes, three of these women committed other crimes for financial gain: armed robbery; forgery and theft; shoplifting, burglary and embezzlement.

Four of these women (66%) traced the onset of their criminal behavior to being unable to cope with school (2) and 'life' (2). One of these women was known to be mentally handicapped and living in a shelter.



## 2. Women Inmates Who Reported Childhood Traumatic Events

Thirty-five of the 41 inmates or 85% described significant traumatic events in early childhood. Five or 12% did not meet my physical/sexual abuse criteria. These are considered first.

### A. Women Inmates Who Reported Traumatic Events But Not Abuse

In various ways, the five traumatized women had experienced parental psychological abandonment, along with other traumatic events:

1) a heroin-addicted father,

2) a father who was a murderer,

3) a. raised by her grandfather as his daughter and as her mother's sister; her mother was heroin-addict, pregnant at 13;

b. permanent brain injury from a high speed car crash at age 7 caused by her grandfather's drunk driving;

4) complete psychological rejection by her mother;

5) both parents continually drunk and providing no emotional support.

All five of these women were involved in drug crimes but only the brain-injured woman was a prostitute.

### B. Women Inmates Who Reported Abuse

Of the 41 traumatized inmates, 30 (73%) childhoods met my criteria of childhood physical and/or sexual abuse. Of these, 20 (49%) had been sexually abused and 20 (49%) had been physically abused. Among them, ten women (33%) had been both physically and sexually abused. For 83% of the abused women or 61% of all 41 inmates, the abuse was

associated in various ways with destruction of all attachments to all parents and all parental substitutes.

### III. Severity of Inmates' Abuse

In the following five sub-sections, I consider the following aspects of the abuse severity: nature of the abuse; age of onset; childhood prostitution as part of the abuse; other traumatic childhood events and protection from abuse.

#### 1. Nature of the Abuse

All abuse involved multiple events. All women had had more than one abuser. All events were severe.

Abuse outside the home had always been preceded by abuse within the home. Abuse outside the home involved either gang rape or childhood prostitution.

All sexual abuse involved penetration of the vagina or mouth. All physical abuse was frequent, extreme, unprovoked violence, by one or more adults in the woman's family.

#### 2. Age of onset of abuse

For 29 of the 30 inmates, or 97%, abuse had begun at age 12 or younger. For physical abuse, the median and mean age of onset of was infancy. For seventy per cent of physically abused inmates, physical abuse was either their earliest childhood memory or began by age 4. One woman had amnesia for her childhood after severe physical and psychological abuse ending in abandonment in a building at age 4.

For sexual abuse, the median age of onset of sexual abuse was at most 8 and the mean at most 7. (One woman's sexual abuse ended when she was 7 but she could not remember

when it began.)

Ten women - (33%) - described abuse both as their earliest childhood memory and as continuing without interruption throughout their childhoods.

### 3. Childhood prostitution as part of childhood abuse

Eight inmates, all of them prostitutes, described being prostituted by their families in childhood. They represented 20% of the inmates who gave childhood information, 27% of all abused inmates and 47% of all sexually abused inmates.

In all but one case, it was the woman's incest abuser who pimped her, the exception being a mother who prostituted her infant but did not sexually abuse her by personal contact. In two cases it appeared that the abused woman's childhood prostitution had been by multiple family members involved in organized crime. The age of first prostitution ranged from under 2 to 13 years old. In one case, the prostitution was to groups of men.

The incest abuser/pimps were fathers, mothers and a brother. The abusive/pimp brother had had a physical brain injury. One adoptive father was a minister who adopted the child in order to prostitute her to members of his church.

### 4. Other traumatic events in abused childhoods

Twenty-four of the 30 abused inmates or 83% described additional psychologically traumatic events which led to complete loss of parental attachments in ways associated with abuse. Some attachments were directly destroyed by a parents' extreme abuse. Others were indirectly destroyed by the non-abusing parent's physical or emotional abandonment, including through death. This included mothers being murdered by abusive fathers.

No inmate described the loss of an abusive birth parent as traumatic, unless it led to

loss of all family attachments and new abuse by foster or adoptive parents.

The common types of parental loss linked to abuse were:

- a) abandonment followed by physically and sexually abusive adoptive and foster parents (7 cases);
- b) raised with one or both parents being abusive and both parents being alcoholic (6 cases);
- c) raised in a rich crime family, active in organized drugs, prostitution and murder (4 cases.)
- d) complete loss of the non-abusing parent by complete psychological rejection, physical abandonment or death (5 cases).

#### 5. Protection from abuse

No abused inmate had been effectively protected from abuse. Nine women or 27% of them had been ineffectively protected, the 'protection' leading to destruction of all non-abusive family attachments and to new abuse. In eight of the 9 cases, this destructive 'protection' was the result of court orders.

#### IV. Abusers

In this section, I consider the women's abusers. I will also compare the childhood sexual abusers of the women inmates to sexual abusers as a whole. To do this, I extracted all entries of jail employees' and inmates' experiences of sexual abusers of themselves, family and friends.

### 1. Childhood physical abusers of inmates

The 20 women who had been physically abused identified a total of 27 abusers, 17 (63%) of them male. All physical abusers were related by birth, fostering or adoption. The most common physical abusers were birth fathers, representing 10 of the 27 physical child abusers.

Four birth mothers were physical abusers, two acting with birth fathers and two acting alone. Parents, whether birth, foster or adoptive, accounted for 20 (74%) of the physical abusers.

### 2. Childhood sexual abusers of inmates

Of the 20 women who had been sexually abused, all but two (89%) had suffered incest. These sexually abused women identified 30 abusers, 27 (90%) of them male. (No woman identified specific numbers of men when describing her prostitution or assault by a group. These therefore were omitted.)

The incest abusers were birth father (3); brother (2); foster father (3); stepfather (1); uncle (6); grandfather (2); cousin (3); mother (2). As mentioned earlier, for 7 women, their sexual abusers also pimped them in childhood.

Four sexually abused women inmates, or 20%, reported three or more male incest sexual abusers. The most common sexual abuser - 27% - was a father by birth, fostering or adoption. Six abusers - 26% - were 'uncles'. ('Uncle' could mean a parent's brother, a mother's lover, a mother's brother/lover or a male family friend.)

Eight women (42%) knew that their male incest abuser also sexually abused one or more relatives: nieces, sisters, mother, aunt, brother and cousins.

Three women described only sexual abuse by only one person: a brother and two

'uncles'. Only two sexual abusers were not incest abusers. They were a male babysitter and a boy at school. In each case the woman sexually abused outside her home was being severely physically abused at home.

### 3. Inmates' sexual abusers compared to sexual abusers as a whole

I excluded sexual abusers within the jail system. They are considered separately in Chapter 13, Sex and Gender. I also excluded sexually abusive groups, ie gangs and prostitutes tricks as their numbers could not be estimated. I also excluded my own case.

Including the incest reports, the diary described 107 sexual abusers. All acts involved sexual contact. They ranged from adult rape to oral sodomy of an infant under one year of age.

The abusers were sorted by if and how they were related to their victim and by whether the abuse was a single event or a series of many events. The results are shown in Fig. 11.1.

Ninety-five per cent of incest child abusers committed multiple, severe sexual assaults. Fifty-four per cent of all sexual abusers were incest abusers, committing multiple, severe

sexual assaults and 25% were non-incest abusers, committing multiple acts of sexual assault.

Fig. 11.1

SEXUAL ABUSERS AS REPORTED BY PEOPLE IN THE JAIL

INCEST ABUSERS	#	%	NON-INCEST ABUSERS	#	%
MULTIPLE INCIDENTS	56	95%	MULTIPLE INCIDENTS	27	52%
SINGLE INCIDENTS	3	5%	SINGLE INCIDENTS	23	48%
TOTAL	59	100%	TOTAL	48	100%

Only three incest abusers committed only one act of sexual abuse. This was because of immediate protection by a mother.

Of the 56 incest abusers, 26 or 46% were fathers, 12 or 21% were surrogate fathers and the remainder were more or less equally distributed among brothers (3); grandfathers (3); male cousins (3); entire families (3), uncles (2); mothers (4) and sister (1). Sixteen incest abusers or 26% were known to commit multiple acts of sexual abuse on other children.

Of the non-incest sexual abusers repeatedly abusing one person, 15 or 56% were also known to have sexually abused other women or children. All but two non-incest sexual abusers, or 92%, were men. They included husband/rapists (3); male-acquaintance/rapists or child molesters (3) and male hotel guards (3). This latter group of men raped prostitutes who did not earn enough money on a night to pay a bribe. The other non-incest sexual abusers included a pimp; a state governor/'trick'; soldier; lawyer; male orphanage supervisor; teenager. One of these non-incest sexual abusers, the state governor, was suspected by the prostitute to also molest his young daughter, because he hired her to re-enact specific incidents of incest.

Of the 23 non-incest sexual abusers with only one known victim and committing one

known sexual assault, 96% were men. Male stranger-rapists accounted for 10 of the incidents or 43%. The rest were landlords (2), male friends (2), pimps (2), tricks (2), pre-pubertal boys (2), a chiropractor and a woman.

Thus the incest and childhood sexual abusers of women inmates and women officers represented the most common abuser. They also represented the sexual abusers most likely to cause severe trauma by type of act, number of acts and number of victims.

## V. Crime and Abuse

In this section, I consider the possible correlations between women inmates' childhood traumatic events and their adult criminal behaviors, whether they had been convicted of them or not. The relationship of childhood traumatic events and of abuse with adult crimes is shown in Illustration IV, on the next page.

Of the 41 inmates, 29 or 71% reported being charged with more than one type of crime. All crimes could be sorted as prostitution, drug crimes, money crimes (not involving drugs) or violence separately.

### 1. Prostitution

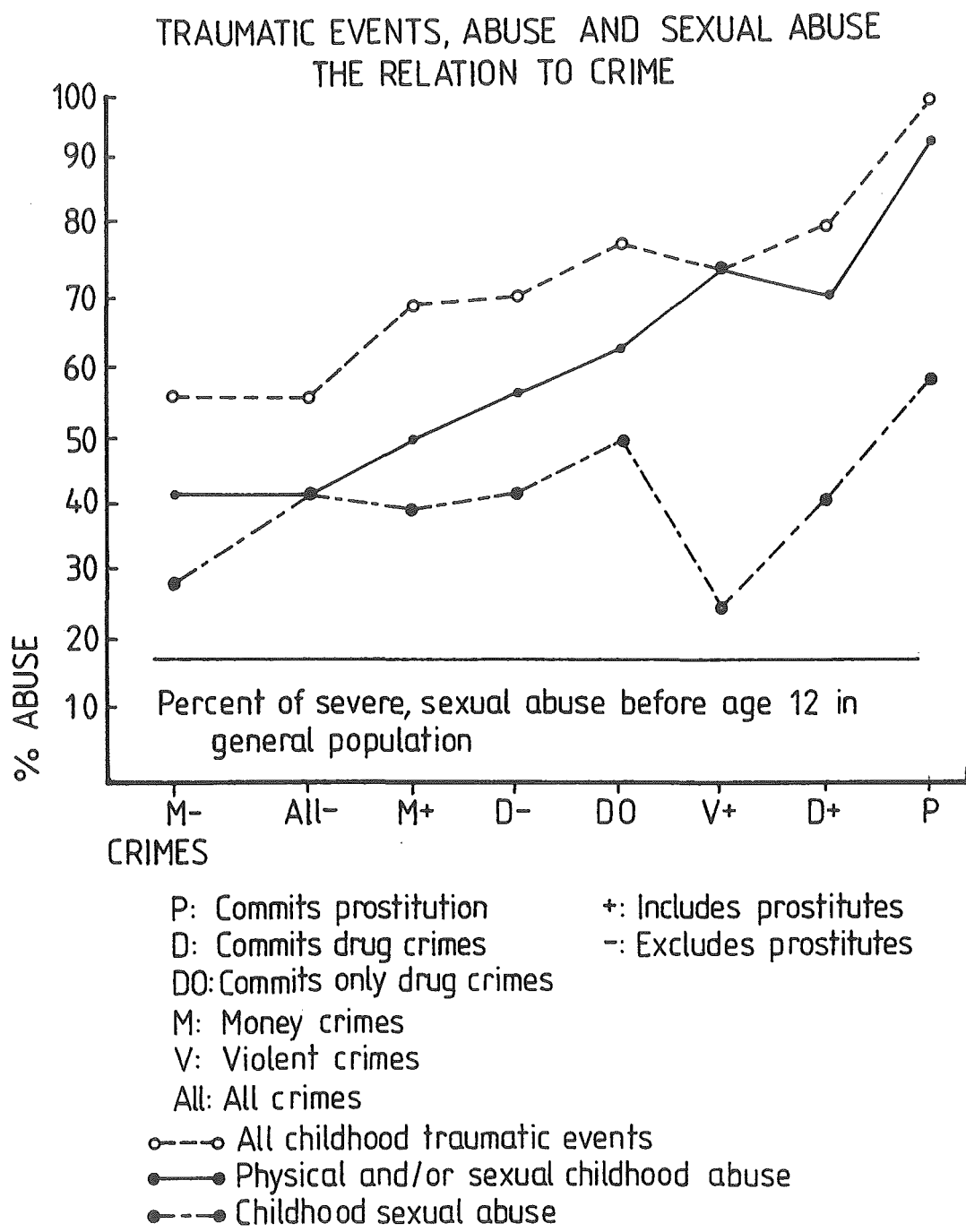
Eighteen of the 41 inmates or 44% were prostitutes. All but one prostitute described childhood abuse. The exception was the brain-injured psychologically traumatized woman. Forty-seven percent of prostitutes - 8 of 17 - reported being prostituted in childhood.

Of the 17 abused prostitutes, 11 (65%) reported sexual abuse, 9 (53%) reported physical abuse and 3 (18%) reported both.

All but two prostitutes (88%) had committed other crimes. Three-quarters of these were drug crimes and a quarter were money crimes, ie theft, robbery and shoplifting. One



ILLUSTRATION IV



prostitute had committed murder as well.

## 2. Drug crimes

There were 34 women involved with drug crimes. Six denied any childhood trauma. Twenty-eight or 82% had been traumatized, 24 (71%) by abuse.

Thirteen of these abused drug criminals or 38% were prostitutes.

Of the women who were not prostitutes, 15 (71%) had been severely traumatized in early childhood, 12 (57%) by abuse.

All eight drug criminals traumatized as children by parental drug or alcohol addictions were involved in adult drug crimes.

## 3. Money crimes

These were crimes not involving drugs but committed for financial gain, eg fraud, armed robbery, shoplifting, burglary, robbery, forgery and theft. Of the 10 inmates involved in money crimes, six or 60% were also involved in drug crimes. Five women or 50% had been abused in childhood. Three or 30% were abused and were also prostitutes.

## 4. Violent crimes

There were four women charged with violent crimes, of whom 3 (75%) reported abuse. (All three of these violent and violently abused women were white and raised in rich or middle-class homes.)

These 3 women had all been severely physically abused, had witnessed severe physical abuse of siblings and had abuse-associated loss of all parental and sibling attachments. One woman had also experienced and witnessed childhood sexual abuse.

The abuse-associated loss of sibling attachments arose from court order (1), murder outside the family (1) and sibling-murder by the abusive father (1).

There was reason to suspect that the fourth violent woman who reported no abuse or other childhood traumatic events, had been introduced to organized crime by her brother. She may have been raised in an organized crime family. She committed multiple armed robberies and had attempted murder.

#### V. Inmates with Adults to Help Them

All women inmates had been asked if they had any adult to help them.

All six women who reported no childhood trauma had a helping adult - parents; sisters; boyfriends; the people at her shelter.

Of the five traumatized women, two or 40% had no adult to help them.

Of the 30 abused inmates, nineteen - 63% - found the concept of a helpful adult to be an alien one. Starting in childhood they had never had a helpful adult. Most of these women were in their twenties, but the youngest was 19 and the oldest two were fifty.

Further, of the eleven abused women - 37% - who described having a helpful adult, five named a pimp or a young child.

#### VI. Employment, Literacy and Background

Six of 13 abused white women - 46% - grew up in outwardly respectable middle-class or wealthy families with fathers in banking; military; government; ministry, and business.

Black abused women volunteered less family information but many described coming from 'respectable' or rich abusive families. In black and white women alike, respectability and wealth often derived from well-established, well-concealed paternal involvement in organized

crime, particularly brothels, drug dealing and the violence needed to maintain them.

Only criminals who had bad childhoods reported prior legal employment. Two of them had been driven by their psychological problems to quit legal jobs and become prostitutes. Most of these legally working, traumatized women criminals were black.

## DISCUSSION

My data greatly underreport the traumas in the inmates. The information was volunteered in a public place during casual conversations. The abuse reports themselves are likely to be highly reliable since self-reports of traumatic events prove reliable over time. If anything, late reports relate the traumatic events as better, not worse, than they were (Norris,F.H.,1992). There was no benefit for anyone to speak of a traumatic childhood. All those who did were obviously distressed by remembering them.

There was nothing subtle about the abuse or the traumatic events. The physical and the sexual abuse was always a series of very violent physical assaults, excepting the employee who was raped once. Half of the women inmates talking about their childhoods in general conversations described repeated, penetrating childhood sexual abuse, most of it incest and starting at or before age 8. Studies of the general population suggest that in response to careful questionnaires (Finkelhor et.al.,1990; Russell,1983) at most 10% of the adult female population will have been abused in this way.

Obviously almost all the abused and traumatized inmates and employees suffered more traumas after childhood. The criminal street life itself is highly traumatic. I suggest however that the particularly severe, complex abuse caused massive, multiple traumas. These altered their behavior, setting them on a course of mounting involvement in trauma and crime.

A single type of abuse or abandonment by one parent seems unlikely to cause the

trauma sufficient to do this. Rather, abuse severe enough to destroy all positive parental relationships was the common denominator. Thus criminal behavior might be seen as the cumulative effect of massive, multiple trauma.

Other studies have shown the importance of the cumulative effects of abuse, as opposed to the unique effects of one kind of abuse. For instance any childhood abuse and multiple abuses are risk factors for bulimia (Rorty, Yager and Rossotto,1994).

Nor did my data suggest that single parenting was related to crime. All of the employees were physically or emotionally abandoned by their birth fathers but the employees were not criminals.

An enduring, supportive emotional attachment to an adult seemed to be very important in whether a child went on to become a criminal. For the employees, this adult was always the mother. It is well recognized that such attachments and their cumulative, positive effects are very important (Alexander and Lupfer,1987). Having an emotionally supportive adult more than triples the rate of abuse disclosure by a child (Lawson, L. and Chaffin,M.,1992). Not having emotional support increases one's vulnerability to trauma (Solomon, Smith, Robins and Fischbach,1987). Non-abused children have more maternal support than abused ones (Caliso and Milner, 1994) And women who are sexually abused but who have a secure family base are not vulnerable to eating disorders, compared to those without such a base (Kinzl, Traweger, Guenther and Biebl,1994).

But I suggest that the bond is not only protective. It is itself a measure of the severity of the abuse. In abused inmates, it was the abuse itself that destroyed good relationships. Thus abuse that threatens a secure, safe relationship with a non-abusing parent would be particularly severe.

About 70% of inmates and of employees who talked of their childhoods described

abuse, by my physical/sexual criteria. These figures may be correct, the different being the inmates' much greater severity of abuse. Employees reported fewer abusers, fewer types of abuse and all had enduring positive relationships with supportive mothers. It may be that people who have survived abuse may be comfortable working with inmates. On the other hand, the reports of abuse by employees may be artificially high.

Most employees knew that I was in jail to protect my daughter. Those who spoke to me about their childhoods either wanted my support for their survival of abuse, wanted to offer me support based on their knowledge or both. The inmates' turnover, their criminal life and their severer injuries meant that fewer knew who I was. Fewer were willing to support me or to ask me for my support.

Besides this, the employees talked of being 'abused'. Inmates did not. To many the concept of abuse was foreign. They believed their childhoods had been normal. They believed they had been born 'bad'.

The inmates' childhood details met the criteria of 'sadistic abuse'. The elements of this are the multiple abuses, multiple severe, complex abuses and multiple severe abusers (Goodwin, 1993). The abused women represented 17% of all women inmates named in the diary. This is a very high rate of casual disclosure of severe abuse, supporting two chaplains' claims that 90% of the inmates, in their experience, had been severely abused.

Fifteen percent of inmates described contented childhoods. For these women, crimes began when they found they 'couldn't cope' with school or with life. This often followed the death of an adult caretaker. These women appeared likely to be somewhat mentally handicapped. One woman was known to be. They all seemed less disruptive than their fellow inmates but also less able to cope. None of them became prostitutes. It seemed that these women's mental handicap deprived them of the power to

resist traumatic events with which others could cope.

At least among the women inmates, prostitution appears to be characteristic of particularly severely abusive childhoods. Twenty-seven percent of abused women inmates said they had been prostituted in childhood. All were adult prostitutes. I have been unable to find another study in which child prostitution has been assessed in abused women.

The prostitution was not limited to poor or black women. Rather, women of both races and women from 'rich' families had been prostituted as children by family members. The family wealth derived from organized crime. I suggest that growing up 'rich' may be as linked to crime as growing up poor.

The inmates' psychological traumas had cumulative effects on criminal behavior. The childhoods appeared to correlate with the type of crime and multiplicity of crimes. Rising severity of traumatic events appeared with rising severity of destructive crimes. Perhaps prostitution and murder are comparable behaviors with different targets. Certainly one massively traumatized woman first committed murder. She avoided violence thereafter, becoming a drug-addicted prostitute instead.

But besides a general effect, there were specific ones. Women who had no positive attachments in childhood had none as an adult. Women whose parents were substance abusers became substance abusers as adults. Women who were prostituted in childhood became adult prostitutes. They made up almost half the prostitutes.

Similarly there were specific correlations between physical and psychological traumas. The only non-abused prostitute suffered early, severe physical brain injury. Her behavior was equally self-destructive.

The legal system had had a role in increasing the severity of many women's abuse. A quarter of the abused women had been 'protected' by court orders, but they had been sent to

abusive foster homes. This had destroyed any residual positive relationships with relatives.

Further, the city's 'war on crime' was probably increasing child prostitution. Prostitutes repeatedly asserted that their customers were simply child molesters who had no easy sexual access to children. Whether or not this was true of all customers, their preferences led prostitutes to act like little girls to get paid more. It led pimps to buy and recruit teenage girls for prostitution because the younger prostitute earned more. Predictably the most expensive prostitute was the pre-school child. Jailing prostitutes decreased the supply of older prostitutes, putting more children at risk. But also, pimps took care of prostitutes' children when the mothers were jailed. Women inmates said that the rise in arrests of women prostitutes had given pimps access to children so that a man <sup>could</sup> buy a preschool child for sex on any criminal street.

The abuse reported by the women inmates showed that only fairly minor, single event trauma can be understood as a pinpoint in time. For the women inmates, trauma invaded all the time and space of their childhoods. There was little or no time or space for safety. Thus safety, not abuse, was the isolated, memorable, pinpoint event. It shows once again why within the jail the inmates could not change. Their lives had not changed. They still lived in an abusive system. They were still not safe.



BEHAVIORS, BELIEFS AND EXPERIENCES OF JAIL FAMILY MEMBERS

## CHAPTER TWELVE

### EVERYDAY CELL BLOCK BEHAVIOR

Whatever a criminal's traumas, behavior can only occur within the limits set by the administration. If the jail functions as an abusive family, it will not have clear limits to behavior. Abuse and neglect will flourish. Many criminals and many employees had been severely traumatized. So in the absence of clear limits, both groups should have limit-breaking and unsafe behavior. The inmates' behaviors should be worse. In this chapter I examine my data to see if this is the case.

#### METHOD

I extracted every entry describing inmates' and officers' behaviors in the jail. Each entry was then categorized by the behaviors observed.

I excluded my own behavior which would skew the results. My chief behaviors were reading and writing, choices which few other inmates had because of the limited supplies of books, pen and paper.

#### RESULTS

##### I. Officers' Work Behavior

There were only two entries of supervision of line officers at work.

There were 120 entries describing officers' work behavior. I sorted these into three categories: 1) doing the job, 2) not doing the job and 3) breaking rules on behalf of inmates.

An officer who joked or talked with inmates while working was sorted as 'doing the job.' Not doing the job included neglecting the job; using, selling and discussing personal sales of illegal drugs and verbal, sexual and physical assaults. Breaking rules on behalf of inmates was a category of reasonable rebellion. It included officers who were not doing their jobs because they were breaking unreasonable rules to provide inmates with reasonable things. These ranged from slightly longer visits to being taken back to the infirmary after being refused treatment for a serious illness.

As Fig. 12.1 shows, 45% of the time officers did their job or engaged in reasonable rebellion. Fifty-five percent of the time, the officers were not doing their job.

Fig. 12.1	
OFFICERS' USE OF TIME AT WORK	
Not doing the job (66)	55%
Doing the job (38)	32%
Breaking rules for inmates (16)	13%
TOTAL (120)	100%

A third of officers' time was spent not doing the job. Fifteen of the 66 officers - 12% - were taking, supplying or discussing their sales of illegal, addictive drugs. Twenty-five or 21% were harassing, abusing and intimidating inmates. The remainder, 77%, left the job undone.

## II. Inmates' Behaviors

### 1. Types of Inmate Behaviors

Eight hundred and seventy-six entries described 1066 inmate behaviors. These were be sorted into 27 different categories, given in order of frequency in Fig. 12.2.

Fig. 12.2

#### INMATE BEHAVIORS ON THE CELL BLOCK

%	TYPE OF BEHAVIOR
14%	Being controlled by officers (148)
13%	Criminal aggression, eg abuse, threats, robbery (143)
7%	Being ill (77)
7%	Being in danger or being injured (73)
7%	Eating (73)
6%	Idle play (67)
6%	Aggressive public sexuality (63)
5%	Participating in legal/administrative hearings (52)
4%	Aimless waiting (47)
4%	Self-education (44)
4%	Detail work (43)
3%	Exercise (34)
3%	Taking control, eg stopping fights, helping others (29)
3%	Smoking (28)
2%	Seeking necessary supplies (25)
2%	Being released from jail or solitary (19)
2%	Crying (17)
1%	Writing letters of complaint to authority (15)
1%	Seeing visitors (12)
1%	Attending religious services (10)
1%	Personal hygiene (10)
< 1%	Daytime sleeping (9)
< 1%	Extreme behavior, eg suicide (7)
< 1%	Jail education (7)
< 1%	Using illegal drugs (7)
< 1%	Receiving necessary supplies from the jail (3)
< 1%	Receiving special treatment from the jail (2)
100%	TOTAL (1066)

Criminal aggressive behavior was the second single most common behavior.

## 2. Inmate behaviors as gain or loss of control

A third of these behaviors were characterized by enforced helplessness. This included being in the full control of an officer, being injured or in danger and aimlessly waiting.

Therefore the categories were resorted according to the inmates' ability to control behavior. The control categories were a) loss of control; b) appropriate control; c) inappropriate control of others and d) escape, numbing, avoidance and inability to cope,

Two categories with a total of ninety-two entries (10% of the total) could not be sorted this way. They were 1) release from solitary confinement and 2) eating. In these categories, some entries were a complete loss of control whereas others were appropriate control.

The following categories were sorted as appropriate control: to be ill and seek medical care; to go to visits; to self-educate; to enrol in jail education; to spend time on personal hygiene; to exercise; to attend religious services; to write complaints; to do detail work; to stop fights; to help others and to seek daily supplies on one's own.

The following categories were sorted as a loss of control: forced attendance at administrative and legal hearings; physical assault; direct physical control by officers; crying; aimless wandering and being given necessary supplies at unpredictable, uncontrollable intervals.

These categories were sorted as escape, numbing, avoidance or inability to cope: idle play, use of illegal drugs and cigarettes, daytime sleeping, suicidal and overtly self-destructive behavior.

Two categories were sorted as inappropriate control of others to be criminal aggression and aggressive public sexuality.

As shown in Fig. 12.3, almost a third of the 1066 behaviors represented a loss of control. Over a quarter represented appropriate attempts to control of one's life. Almost 20% of observed behavior was criminal aggression and aggressive public sexuality. The percentages add up to 91% because of the exclusions.

Fig. 12.3			
CELL BLOCK BEHAVIOR AS GAIN OR LOSS OF CONTROL			
LOSS OF CONTROL TO OTHERS	33%	ATTEMPTS TO REGAIN APPROPRIATE CONTROL	26%
ESCAPE, NUMBING, AVOIDANCE, CAN'T COPE	13%	INAPPROPRIATE CONTROL OF OTHERS	19%

3. Inmate-Inmate Interactions

I then considered a subgroup of inmate behaviors -- 390 entries describing how inmates used their time on the cell block when jail employees were not around. As shown in Fig. 12.4, 62% of the time was spent in crime-related behavior. This included crime, dealing with the law and talking about crime. But only 10% was spent in criminal behavior. Almost a quarter of the behavior remained supportive, sharing or helpful.

Fig. 12.4	
INMATES' USE OF TIME	
Crime and its consequences (208) a. talk and dealing with consequences b. criminal behavior itself (40)	62% (52%) (10%)
Other Activity a. sharing, supporting, helping (97) b. other, eg reading, playing, complaining, begging, detail work (57)	38% (24%) (14%)
TOTAL (398)	100%

4. Items Sought By Inmates

Since more opportunities might have modified the inmates' behavior, I considered what items inmates begged, bartered or borrowed. There were 197 items of which self-education materials, ie books, pens and paper were the ones most commonly sought. As shown in Fig. 12.5, they accounted for a third of all items sought.

Fig. 12.5.	
ITEMS SOUGHT BY INMATES	
Self-education materials (68)	34%
Food (65)	33%
Minor necessities (39)	20%
Minor luxuries (25)	13%
TOTAL (197)	100%

The category of minor necessities included items from clothes and shampoo to stamps

and simple medicines. The category of minor luxuries included items from cigarettes and coffee to curlers and matches.

## DISCUSSION

It was surprising to find that when officers were not around, criminals' behavior was not more criminal. It appeared to be somewhat less. It suggested that the enforced helplessness - perhaps also the abuse and threat of abuse from their caretakers - triggered unsafe behaviors in the inmates.

Left on their own, without supervision, inmates were involved in crime-related activities 62% of the time. And officers neglected their jobs 55% of the time. This included time spent using drugs (12%) and on abuse of inmates (21%). So the behavior patterns were similar but the officers tended more towards neglect. Inmates tended more towards aggression.

The officers' neglect and misuse of their jobs helped to produce chaos. It also resulted from lack of proper supervision and encouragement. Employee idleness was a frequent excuse for administrative failures. But they were ensured by the lack of supervision. People generally follow directives to work, if they are accompanied by supervision and a good example. "Instead of...firing a lazy cat, I'd get all the brothers together and by me working too, I'd try to show them" (Seale, 1968).

Thirteen percent of time not working was spent in reasonable rebellion against the system. This was what made life tolerable for the inmate.

Chaos results when poor supervision combines with reasonable rebellion from within. Rather than controlling chaos by oppression, it may be the rebellion that should be nurtured.



Without suggesting that the institutions were alike, I observe that Schindler's reasonable rebellion against the Holocaust created chaos for the Nazis but saved the lives of Jews (Keneally,1982). Depending on the system, chaos may be healthy. For many inmates, such a rebellious officer was their first contact with a supportive adult. The resulting emotional bonds were very important. I knew of very few women criminals who left crime. All did so after developing a supportive, appropriate bond to a jail officer. The administration's response to such support of inmates was revealing. One such bond was developed by a born-again Christian woman officer with a highly violent woman inmate. After months in solitary confinement but with this officer's daily support, the woman left jail, left crime, lived off her welfare check and joined a church for support. For the first time in her life she coped without violence with the aftermath of massive childhood abandonment and abuse. The officer was chastized for 'fraternizing' with the inmates. The expression itself suggests that to the administration inmates were enemy prisoners of war.

Similarly officers who gave an inmate a cigarette or a life saver risked losing their jobs. The officers who took drugs and who abused inmates were well tolerated. Once a probationary private injected herself with heroin on a cell block and fell asleep in a control tower. The keys were inside and her supervisor locked out. She kept her job. So did five officers in the central admissions control tower. They were slumped across their desks from heroin in full view of incoming inmates.

With or without officers around, a quarter of inmate time was spent appropriately and in self-improvement. This suggests a lot could be accomplished if inmates had a little more help. Reading and writing materials were most in demand. Yet the administration supplied very little of these. It reaffirms my suggestion that most inmates and many officers were psychologically injured and that this affected their behavior. Rather than helping either group

develop better behaviors, the jail tolerated and even promoted the worst. Again it functioned like an abusive family. It put itself in opposition to rehabilitation and recovery. In many ways employees and inmates were trapped. The administration misserved both inmates and employees.

## CHAPTER THIRTEEN

## SEXUAL BEHAVIOR AND SEX-BASED BELIEFS

In Chapter 8, the environmental data showed that the jail administration established a highly sexualized environment. In children highly sexualized behavior is the only specific sign of childhood sexual abuse (Sgroi, 1982; Sgroi, Bunk and Wabrek, 1988). Such behavior persists until the person recovers from the sexual trauma. the behavior decreases in severity as the trauma decreases.

Sexualized behavior need not only arise from sexual abuse. Among my fellow inmates, some very physically abused women became prostitutes, suggesting that habits of the degradation and self-destruction not directly linked to sex contributed to their behavior.

At the same time, many of them had fled physically abusive homes and had then been raped by pimps who turned them out to work as prostitutes. So extra-familial child sexual abuse would also explain the hypersexualized behavior.

The data suggested in Chapter 11 also showed that the inmates's sexual abuses were worst. They were more severe and more complex than the officers'. So the inmates' sexual behaviors in the jail should be most disturbed. They should be more difficult for them to control, more easily triggered and more extreme.

In this chapter, I consider whether this is the case. Since the administration's treatment of women is also in question, I will also consider here beliefs about gender and male authority and the experiences on which those beliefs were based.

## METHOD

I extracted all entries in the diary which referred to sexual and gender views, behaviors and experiences, sorting lengthy entries into their various categories for analysis.

I will begin with a summary of the sexuality on the cell block, some aspects of which were reported in Chapter 8. Next, I will deal with the gender beliefs and behaviors of employees, including officers' behavior during strip searches of inmates.

Finally I will present the inmates' sexual and gender beliefs, behaviors and experiences.

## RESULTS

I extracted 564 sexuality and gender entries. Four hundred and fifty-six or 84% related to inmates. These included my strip searches and my harassment by a male officer. A hundred and eight, or 19%, related to non-inmates.

I excluded all other references to myself as they were directly related to my case.

As Fig. 13.1 shows, of the inmate entries, 90% related to women criminals, 6% to male criminals and 2% to myself.

Of the non-inmate entries, 83% related to jail employees and 18% to non-employees,

such as visitors and visiting lawyers.

Fig. 13.1

SEXUALITY ENTRIES BY GENDER AND ROLE

INMATES	%	NON-INMATES	%
Female, criminal (419)	92%	Jail employees (89)	82%
Male, criminal (28)	6%	Jail outsiders (19)	18%
Author, civil (9)	2%		
TOTAL (456)	100%	TOTAL (108)	100%

#### I. CELL BLOCK SEXUALIZATION

Fourteen entries described the sexualization of the cell block. The loud sexual rock music played from 8 am to 11:30 pm. It triggered highly sexualized behaviors, specific to the lyrics of the music. For instance, when 'Do it in the butt' was played, as it often was, groups of women inmates clustered together, shouting "Fuck me." They chanted the lyrics, dancing in a crouched position, presenting their lifted buttocks to male officers, if present and if not, to female officers and to each other. Sexually aggressive women inmates reenacted the male sexual role.

The sexualization of speech was widespread. Its severity clearly distinguished inmates from officers. For many women inmates, 'she' was replaced by 'bitch' and 'whore' and 'he' by 'mother-fucker'. Women prostitutes told graphic sexual jokes, supplied by their pimps, that degraded women during rape and gang rape and that likened women to animals. Many women inmates described everyday events with sexual words such as pussy, tit, butt, dick, bitch and whore. This language blurred the distinction between sexual and non-sexual events in their

lives.

For instance, women inmates not uncommonly asked for a cell door to be opened, and then angrily repeating the request would slide into a hysterical screaming at themselves or other women of, "Open your legs, bitch!" Mild annoyance often began or rapidly progressed to screamed rape-like insults, eg "eat my dick." Many sexually aggressive women inmates perceived themselves as men, boasting of the size of their 'dick', putting pads in their groin to simulate a penis and threatening to rape women.

## II. NON-INMATE VIEWS OF SEXUALITY AND GENDER

Eighty-three entries recorded male and female officers', employees' and visitors' views on sexual matters. Sixty-two or 75% of these entries also included the personal experiences on which the speaker's view was based. In 18 or 22% of the entries, no such experience was described.

There were six commonly held views offered by five or more people, each at different times. Five of these views were explicitly based on experience. One was not. As shown in Fig. 13.2. the two most widely held views of non-inmates was 1) that fathers and husbands are violent, cruel and rape their children and 2) that legal authorities promote and condone child abuse, including sexual abuse.

Fig. 13.2

NON-INMATE VIEWS OF GENDER AND SEXUALITY	
EXPERIENCE-BASED	%
Fathers and husbands are violent, cruel and rape children (26)	45%
Male and female authorities promote and condone child abuse, including child sexual abuse (11)	19%
People believe the lies of rapists and child molesters rather than the truthful reports of victims (5)	9%
The violent need to be controlled by even greater violence (5)	9%
Women can be violent, cruel and abusive, abandoning or both (5)	9%
NOT EXPERIENCE-BASED	
Female inmates are slutty 'mother-fuckers' (6)	10%
TOTAL (58)	100%

The common view for which the speakers offered no supporting experience was that female inmates are 'slutty mother-fuckers'.

There were 17 individual views on sex and gender. Of the 8 based on personal experience, six condemned incest, rape and the legal system's poor treatment of women and children. The other two condemned women inmates. Both condemnations came from officers. One woman officer condemned women inmates for being more demanding than the men. The second officer, an African man, condemned women inmates in particular - <sup>2</sup> all American women by implication - because they spoke in his presence. (The women in his tribe were forbidden to speak in front of men.)

Of the nine experience-free views, seven degraded women, rejected the reality of incest and asserted the right of men and of authorities to rape women.

The other two experience-free views supported execution for 'passion' killing and

asserted a woman's right to prostitute herself.

### III. NON-INMATES SEXUAL BEHAVIOR

#### 1. Strip Searches and Frisks

There were nine entries about strip searches and frisks, all my own. During strip searches inmates were taken to a small room where we were required to undress, squat and cough while a woman officer watched and inspected our clothes. For frisks, officers patted our whole body while we were clothed.

Of the nine strip searches and frisks, three or a third, were done according to the rules. In another three, or third, the woman officer took me into the strip search room but refused to do strip searches, on the grounds that it degraded her and the inmates in general. In another three, or a third, women officers sexually harassed me or made abusive sexual contact.

#### 2. Use and Misuse of Sexual and Gender Power

There were 69 descriptions of events in which employees used or misused sexual and gender power. In 22 or 36%, power was properly used. Of the 22 proper uses of power, ten involved male officers, ten involved female officers, and two involved female visitors. The behavior involved protecting female inmates from male harassment, properly supervising male inmates on female cell blocks and doing minor favors for women inmates.

There were five common or habitual misuses of gender power as follows:



- i) male officers making female inmates pregnant (4 cases);
- ii) habitual severe sexual assaults by male officers on female inmates on the 'forensic' unit;
- iii) habitual insistence by male officers at half-way houses on sex with women inmates;
- iv) habitual insistence by a group of female officers on sex with female inmates;
- v) habitual observation of female inmates exercising outdoors in hot weather in their underwear. This was done by large groups of male and female employees and administrators standing on the roof of the jail. (Women inmates were supplied with only one set of clothing.)

The remaining 42 entries or 61% were single events of a clear misuse of sexual and gender power, 26 or 62% by male employees, most of them officers.

Three entries involved one senior male administrator who enforced the sexualization of the environment and who had an affair with a married woman officer under his direct command.

The male officers' sexual abuses of power were on the whole more severe than the females'. This was in part because the men held the senior posts and had more power. The misuses included threats by two senior male officers to coerce female inmates into sex; prolonged sexual flirting with a female inmate; a physical tug-of-war over a female inmate after she exposed herself; sexual assaults by a junior and by a senior male officer; a physical assault on a pregnant female inmate; intimidation of a female inmate/typist to compel her to do non-jail work.

Other abuses included a male officer's singing hymns in an obviously sexually seductive way to a female inmate during religious services, a senior male officer parading about the female cell block boasting of male superiority and a male officer who backed me into a wall without warning and pinned me there.

Male officers also victimized women officers. One encouraged a male inmate to

disobey a female officer's reasonable orders. Another physically assaulted a female employee.

Female US Marshalls appeared to be more abusive of sexual power than female jail officers were. Female Marshalls punched women in the groin, withheld sanitary pads and used extreme verbal sexual abuse.

In the jail, female officers were involved in verbal sexual abuse of female inmates. One female officer had a lesbian female inmate cuddle her during cell block work. Another rationalized her poor treatment of female inmates on the grounds that we were 'sluts'.

#### IV. INMATE VIEWS OF SEXUALITY AND GENDER

Two hundred and five entries were found of inmates expressing views related to sex and gender. In all entries, personal experience of some kind was included to support the view.

There were three views from three male inmates: 1) fathers are entitled to sex with their children; 2) women are good for nothing but sex; 3) a woman's suffering does not matter.

Of the 202 remaining views, all from female inmates, 60 or 30% arose from their and their relatives' experiences of severe childhood sexual abuse, adult rape and severe battery by a male partner. The most common of these experiences was childhood sexual abuse.

Sixty-six entries documented four common views. As shown in Fig. 13.3, the most common was that men betray, control, harm and degrade women and children close to them,

causing them extreme injury and death.

Fig. 13.3	
COMMON SEXUAL/GENDER BELIEFS OF WOMEN INMATES	
Men betray, control, harm and degrade women and children, causing them extreme injury and death. (39)	59%
Men with legal authority are lying sex criminals (12)	18%
Mothers betray and abandon children and encourage male violence (8)	12%
Sex is money and money is success (7)	11%
TOTAL (66)	100%

No woman inmate had a positive view of any male authority. All but one woman saw a male partner as the same as a pimp. Only three women inmates had any positive view of men.

Three women had views which promoted male sexual violence, specifically that men are entitled to sex with their children and grandchildren and that 'real' men are rapists.

Women inmates' views of children, especially girls, were largely negative and summarized from 12 statements, are as follows: children, especially girls, should be beaten when hurt; were vicious; of no value except as a tool to keep a man, to enrich a parent and to take the blame for parental problems. Only two women expressed a positive view of children, as deserving protection from abuse.

No woman inmate expressed a positive view of women. Summarized from thirty statements they are as follows: women are entirely responsible for what men do and, at the same time, worthless, dangerous, abusive objects useful only to be raped, beaten, killed and

used to betray others.

Women inmates had conflicting views about prostitution. The majority view, summarizing 20 statements, was that prostitution was the most degrading, painful act for a woman, no different from incest, a male substitute for child sexual abuse and promoted by the legal system. Many of these women, citing their experiences, said that for the child, rape was worse than death and that rapists and child rapists should be executed.

The minority view, summarizing seven statements, promoted the prostitution of women and children and regarded murder and rape as the 'best' crimes and prostitution the worst.

## V. INMATE GENDER AND SEXUAL BEHAVIOR

There were two hundred and six entries describing inmate sexual behavior, of which fourteen or 7% were about male inmates and 3 or 1% were about male-to-female transsexuals.

### 1. Males

Two male inmates had pleasant conversations with women inmates who were their friends.

Twelve of the 14 male inmate sexual behaviors or 86% were extremely degrading of women inmates. They included screaming extreme sexual insults to a woman; opening jumpsuits to wave a penis at a woman with a sexual threat, grabbing a woman's breasts and buttocks, kissing shackled and manacled women. In no instance, did a sexually aggressive male inmate voluntarily limit his sexual aggression against women. The limits were set by cells or shackles.

## 2. Transsexuals

The sexual behavior of the three transsexuals involved extreme aggression in two cases and public prolonged exposure of genitalia to women in the third. (This followed prolonged public exposure of her genitalia by the medical staff who invited casual inspection of her during her admission physical examination.)

## 3. Females

There were 148 entries about female inmates, excluding the 41 considered in Chapter 15, Family Relations. Fourteen percent of the behaviors were not degrading to women. They included asking to be housed with long-time lovers; helping male inmates write letters to judges; protecting other women inmates from sexual assaults by male inmates and officers of other women inmates and confronting men about their verbal sexual abuse.

Degradation of women characterized 86% of women inmates' gender and sexual behaviors. Two-thirds of these were common, daily cell block behaviors which fell into five categories, as shown in Fig. 13.4. Prolonged aggressive verbal sexual screaming abuse was

the most common.

Fig. 13.4	
THE FIVE MOST COMMON DEGRADING SEXUAL BEHAVIORS	
Prolonged, screamed verbal sexual abuse (28)	35%
Public masturbation or self-exposure, wholly or partly naked, with or without sexual screaming (20)	26%
Group sexual dancing, with removal of clothes, masturbation, presentation of buttocks, mounting other women, with threats of violence (16)	21%
Prolonged, loud aggressive sexual talk describing violent sexual assaults of women (8)	10%
Group sexual harassment of men with screaming self-exposure; triggered by seeing a man (6)	8%
TOTAL (78)	100%

Other sexual, degrading behaviors included intrusive sexual touching, assault, threats or staring at other women; opening ones clothes to deliberately expose genitals and breasts; stuffing towels into ones groin; repeated public masturbation to orgasm; public undressing; promiscuous sex with strange women; public fondling of a woman sex partner with thumb sucking to reenact oral intercourse; circulating pornography degrading of women; recruitment of fellow inmates for one's brothel and 'mind control' sexual abuse.

This latter behavior reflected the interaction of a sexually aggressive women with a sexually victimized one to whom the aggressive one had verbal but not physical access. By intense public verbal degradation of the victim, 'mind control' sexual abusers could compel women at long distance to publicly undress and masturbate to orgasm while their abuser yelled ridicule and abuse.

## DISCUSSION

Chapter 11 showed that women inmates, compared to employees, suffered more severe, more complex childhood abuse. Most of it was sexual. This chapter shows the extent of the women inmates' sexual injuries. The sexually disturbed behavior was pervasive. It appeared unpredictably, during meals, counts, conversations until hypersexuality 'hemorrhaged' into all aspects of life.

Such behavior in these women, as in others, was not an isolated disturbance but associated with substance abuses (Koopman, Rosario and Rotherman-Borus, 1994). Chapter 11 also showed that it was commonly associated with multiple other crimes. It can be understood as both the cumulative effect of massive psychological trauma and as the specific effect of massive psychosexual trauma.

Sexuality and aggression are linked. Sex and gender are behind the excuses offered for domestic physical violence (Greenblat, 1983). Fear of male violence and the need to be safe are central to women's experiences. Black women may be more willing than white ones to talk about this (Fine and Mcphersson, 1994).

The women inmates as a group had experienced many very severe sexual assaults. In the jail their behavior was clearly far more sexually disturbed than the women officers'. Hypersexualized behavior was difficult for women inmates to control, easily triggered by sights and sounds and associated with beliefs based on personal experiences that women are worthless victims of men and responsible for what men do to them.

Uncontrolled hypersexualization as well as belief in one's powerlessness and worthlessness are typical symptoms of injury from child sexual abuse. The increase in these

feelings follows the increase in severity of abuse (Friedrich,1990; Finkelhor et.al., 1985). The level of such behavior and beliefs in the women inmates provided support for two chaplains' initially implausible assertions that virtually all inmates' had suffered incest.

Further the administration's hypersexualization made it worse. Sexual sights and sounds on the cell block clearly induced the appearance of radically sexualized behavior. Similarly studies of Vietnam veterans show that odors associated with war experiences produce electroencephalogram changes associated with changes in thoughts and feelings (McCaffrey, Tyler, Pendrey, McCutcheon and Garrett,1993). Thus the cell block sexual behavior often appeared to be conditioned behavior related to prior traumas. It only occurred in women inmates, not officers.

As my data show, there was considerable often habitual sexual aggression against women by employees. Sexual aggressors included senior male officers and women officers. But my data suggest that most mid-level officers, both male and female, condemned violence, sexual violence and the legal system's promotion of it. Further, the women officers' behavior was consistent with this. Strip searches, being done in a small, closed room by a single officer, presented an ideal opportunity to sexually attack an inmate by words and contact. In two-thirds of my own strip searches, women officers either did the search properly or refused to do it because it was degrading. Other women inmates reported similar experiences.

But again no male officer was as sexually aggressive as the male inmates. The male inmates appeared as sexually injured and sexually unsafe as the women. But they targeted women, rather than themselves. Indeed the sight of a woman appeared to trigger such behavior. Once on my walking into a visiting hall, eight male inmates simultaneously began to hurl sexual invective at me. The common jail entry experience for a woman was to hear the roar of vituperative, obscene sexual abuse from crowds of agitated locked-in male



inmates. Some climbed up cage wire to expose themselves, screaming.

But the administration allowed it. Officers were noticeably reluctant to control male inmates who were verbally sexually aggressive to them and to women inmates. Officers repeatedly complained that the 'bosses' were the worst. This suggested that the jail's senior administration actively discouraged control of abusive male inmates. This was yet another way in which the administration let sexual abuse flourish within the jail 'home'. It also let the most violent stay strong.

Beliefs about life and about oneself are profoundly affected by survival of traumatic events. Survivors of a single life-threatening disaster can emerge with positive beliefs and raised self-esteem (Joseph, Williams and Yole, 1993). The almost uniformly negative beliefs of the women inmates - all derived from the woman's experience - suggest that these women had no experiences which enabled them to see any positive outcome for themselves in any situation involving men. Clinical studies of battered women show that providing such women with safe experiences is the first step to changing their beliefs in their powerlessness (Dutton, Burghardt, Perrin, Chrestman and Halle, 1994). The jail obviously provided yet more proof that they were powerless to change.

Most gender and sexual views of officers were explicitly derived from personal experiences. What about the ones that were not? Most 'experience exempt' views supported the male right to sexually abuse women and children. It seems probable that these views are also based on personal experience - but of experiences as an abuser, experiences which the speaker did not want to reveal.

A good many male officers had such views. Despite their limited access to female inmates, male officers, many in senior posts, accounted for 59% of the degradation of women inmates. When compared to the sexually aggressive female officers, the male sexual

aggression was more severe. This also was uncontrolled by the administration.

Many male criminals and some male officers regarded men as entitled to hurt and blame women and children. Some women criminal/victims also adopted this view. In contrast, a third of officers rebelled against them. This was evident in their refusal to do strip searches.

In this environment, sexually injured women were easily triggered into sexualized behavior. The result was that as a group we became 'sluts'. Women who are raped are also 'sluts' (Lebowitz and Roth,1994.) Both groups were unable to avoid it.

It led many men to see women as 'animals.' Male administrators, Marshalls, officers and even prison reformers - after politely exempting me - often complained to me that women inmates were 'animals' and 'worse' than the men. The reason was their bizarre sexual behavior. In part, this may have been shock at the bizarre behavior. It may have been ignorance of the enforced sexualization of the environment. But it may also have been the common blaming and dehumanizing of victims. There is a similar response to raped women (Lebowitz and Roth,1994) and a similar blaming of women for their male partner's violence (LeJeune and Follette,1994).

In this cell block setting, men were the only winners. The same is true of the criminal world. This left women with no exit. It may explain why the most aggressive women hated women and children as much as any abusive man. To see themselves as survivors in a hostile world, they had to change their sexual identity. This is similar to the New Zealand studies showing that ambitious girls also tend to identify themselves as male (Alton-Lee et.al., 1992).

In its sexualization of the environment, intentionally or not, the administration functioned as a 'mind control' sexual abuser.

Certainly it colluded with men and with female employees in their sexual mistreatment of

women. This does not mean that this was deliberate. But when the sexually violent music was off and the sexually abusive male inmates and officers gone from the cell block, most women's sexual self-degradation diminished at once.

In these ways, the administration was analogous not merely to a brutal and neglectful abusive head of a family but to a sexually abusive head of family as well. The multiple traumas of the inmates' childhoods appeared to be recreated in type if not in severity by the administration of the jail.

## CHAPTER FOURTEEN

### PARENTING

As the preceding chapter showed, women inmates had highly disturbed sexual behavior. This seemed to be associated with multiple, severe prior abuses. One would predict that their ability to function as mothers would be severely damaged and much more severely so than jail employees.

This chapter examines the parenting of inmates compared to jail employees.

### METHOD

I extracted all entries related to employees' and inmates' relations with their children, beginning with pregnancies. I consider the evidence from the officers first.

### RESULTS

#### I. OFFICERS' RELATIONS WITH THEIR CHILDREN

There was one pregnant officer, representing 2% of the named female officer population. She delivered her child without incident. This officer, described in Chapter 10, had suffered incest as a child but had been immediately protected by her mother.

There were sixteen diary entries about employees and their children. One employee or 6% was highly psychologically and physically abusive and, by report, <sup>was</sup> an abusive parent as well. This employee's son was a criminal and was murdered.

Two employees, 13%, had abandoned their children unwillingly. One, a mother, fled

her abusive husband. The other, a father, had been abandoned by his wife and proved unable to simultaneously support and raise his child. This was the result of a jail administrative decision, that refused to let him change to a day shift, despite a fellow employee being willing to make the change. Both of these employees and their children were highly traumatized by the parental abandonment.

Thirteen employees or 81% provided their children with safe, stable homes that appeared free from abuse. In eight or 62%, the employee was a solo parent. In three, employees had spouses at home. In two, it was not clear if the employee had a partner or not.

Six of the solo employee parents or 75% were mothers, and two were fathers. Two of the solo mothers left their husbands because of his severe abuse.

In twenty entries, employee/parents described family bonds. The most common was pride in their children.

The bonds in descending order were i.) pride in their children's accomplishments (9); ii.) having the same career as a child or spouse (4); iii.) having a helpful mother (2); iv.) having been close to a deceased family member (2); v.) putting a child's needs before work; vi.) having a family member avenge an attack on them; vii.) sharing the same doctor with the rest of the family; viii.) supporting an elderly mother. No employee described a family bond based on abuse.

## II. INMATES RELATIONS WITH THEIR CHILDREN

### 1. Pregnancy

There were 25 inmate pregnancies, all in named women inmates, representing 9% of the named female inmates.

Five babies or 19% died before birth or soon afterwards. All deaths were related to

childhood abuse of the baby or of the mother. One death was an abortion, requested by a violent, abused woman who considered herself unfit to raise a child. One baby was miscarried after the mother had a flashback to abuse. One child died from multiple deformities, attributed to the abused mother's ante-natal drug use by which she had tried to commit suicide. One baby was born with AIDS to an AIDS-infected, abused mother. One baby was battered to death by the maternal grandmother.

## 2. Inmates as mothers

There were fifty-one specific entries describing 60 ways in which women inmates raised their children. As shown in Fig. 14.1, a third willingly gave their children to known abusers, including to their own highly abusive parents and grandparents and to pimps.

Fig. 14.1	
HOW INMATE MOTHERS RAISED THEIR CHILDREN	
Willing abandonment to abusers (20)	33%
Willing abandonment to foster care/adoption (8)	13%
Seizure of child by abusers (3)	5%
Death AIDS (5)	8%
Kept child, providing safe home (13)	22%
Kept child for abuse, via crime, murder, physical/sexual abuse, extreme hatred and rejection (11)	18%
TOTAL (60)	100%

Of the eight women inmates who put their children in foster care and adoption, four had carefully selected a non-abusive home and had arranged an open adoption so that they

could follow the child to be sure it was all right.

Of the mothers who kept their children, 46% talked openly of their extreme misuse of the child. Another three supported their children by prostituting themselves.

Of the 13 inmate mothers who apparently provided a safe home for their children, six or 46%, once jailed, were prevented by the legal system from making adequate provisions for their children.

### 3. Family bonding

Entries recorded eighty-five inmate family bonds. As shown in Fig. 14.2, the three most frequent bonds were having a family member in jail; having had a close relationship with a deceased relative and committing the same type of crime as a relative. These accounted for 63% of all family bonds described by women inmates. Pride in one's children accounted

for only 6% of the family bonds.

Fig. 14.2	
INMATES' FAMILY BONDS	
BOND	%
1. Being jailed at same time (23)	27%
2. Close relationship lost by relative's death (17)	20%
3. Same type of crime as relative(s) (11)	13%
4. Support from mother (12)	13%
5. Pride in children (5)	6%
6. Family harmed inmate's assailant (4)	5%
7. Same severe childhood abuse as relative (4)	5%
8. Relative working in the same jail (4)	5%
9. Support of non-parental relatives (3)	3%
10. Support of both parents (1)	3%
TOTAL (85)	100%

Family bonds based on crime, abuse and jail accounted for 54% of all family bonds in inmates. Unreplaced bonds from death of a relation accounted for 20%.

Of the 23 women who described a bond to a partner or relative in jail, 9 of them or 39% described **in the same conversation** being abused by that person.

Of the 11 women who took part their families' crimes, 5 women **in the same conversation** described being abused by their families. For four women, the only family bond was to siblings who had shared their abuse.

DISCUSSION

Child abuse and neglect are a national problem, more commonly recognized and perhaps becoming more common. Legislation has made increasing demands on social services



while supplying decreased funds. In most states, even in cases of severe mistreatment, little if any information is available as to what happens after a case is reported (McCurdy,1994). This is a dysfunctional legislative response. It was mirrored in the jail by the administration's lack of support either for inmates' or for officers' children or for employees who were apparently safe, single parents.

Most social programs for child abuse have a low success rate. And most are not directed at the child at all, but at the abusive parents (Gelles and Conte,1990; Graziano et.al.,1992; Martin and Rodeheffer,1980). Besides this, the guiding US welfare policies of family preservation and reunification have little scientific evidence to support them (Gelles et.al.,1990). Such an approach to the inmates and officers here would be disastrous. These families broke up because of abuse - the lucky child was not the one with the intact home but the one whose mother had not abandoned the child to her own abusers. Reuniting such families would inflict worse traumas and would not enable existing ones to heal.

But it also shows how the jail's dysfunctions arose from attitudes throughout the government <sup>which</sup> focus not on the abusers' behavior but on an abuser's implied 'right' to a family - after the abuse destroyed it.

Officers were clearly safer parents than inmates. The differences were great, corresponding to the differences in severity of abuse reported by the two groups. Most officers provided their children with stable, apparently safe homes. This was not easy, as over half were single parents and a third of the single mothers had left marriages because of their husbands' abuse of themselves or their children. The officers' strongest family bond was to their children in whom they took great pride.

Two officers had very reluctantly given up their children, one because of her own abuse and one because of the jail's rigid work rules. Only one officer of sixteen or 6% was

known to be an abusive parent. She was known to be abusive to inmates as well. This suggests that in the jail inmates were in fact in the role of children.

In contrast, inmates' children were at very high risk, all in ways related to the child's or the mother's abuse. Nineteen per cent of these children were dead by or soon after birth.

Of the children who survived, a third were being raised by known abusers. These data are confirmed by the administrative 1987 questionnaire to women inmates whose results were noted in my diary. Most women inmates had children. Most children were living with a relative of the mother. Few women intended to return to them.

The mothers were blamed for abandonment. But often it was helplessness in the face of 'respectable' older family members who had abused them for years. At least on the cell block, being raised by a grandparent was an ominous sign for the child. Repeatedly women complained of how their own abusers used trickery, force and extreme abuse of the mother to get control of the child. This was often done with the help of social services, who interpreted the greater strength of the grandparent as a sign of safety. A number of such second-generation abusers were involved in organized crime. These mothers may or may not have been better parents than the 'respectable' family abusers who took over their children. But clearly these at-risk children would have benefited greatly if fragile but adequate bonds to their mothers had been fostered by outside support. This is recognized and some states have programs to provide such support (Hawaii Family Stress Center,1992).

Many of the women who did keep their children did not establish such bonds. Half the mothers who kept their children severely abused them. Yet with no outside help, 11% provided their children with what appeared to be a safe home. They could have a better job, and perhaps a quarter could have done an adequate job, if given help.

The severity of the abuse of mother/abusers was obvious on the cell block. Such

mothers greeted their teenage daughters coming to jail with a barrage of invective, threats and threatened assaults. The jail would often house these daughters with them. On one occasion, an abusive mother standing beside her daughter talked of having been her first pimp.

A number of women equated good parenting with abuse. This arose from having had no experience of good parenting as a child. One violent woman, wife of a murderer, their young son imprisoned for life for multiple murders reflected sadly, "I don't know where I went wrong. I beat him as hard as I could from the start."

The jail was criticized for not having programs for inmate mothers to care for children. Given the jail's problems, this was probably a wise decision. But were the jail to improve and become a safe institution, it could do much to support from the start relationships between adequate mothers and their infants. As it was, for the 11% of criminal mothers who succeeded in providing safe homes, it was arduous uphill work.

Help for criminals' children would have to be accompanied by help for employee parents as well. Otherwise the jail would again be rewarding crime. The employee parents, especially the single parents, were clearly enormously stressed. Their children were also at risk simply because of the violence in the city (Parson,1994). Help was clearly needed. There were many ways to provide it, from flexible shifts to counseling and education for children (Berg and Miller,1994).

Above all what the parenting data suggest is that focussing criminal rehabilitatoin on the most aggressive male criminal may be misplaced. It obscures the reasonable and more pressing needs of the barely adequate criminal parent and the not-yet-criminal child. These are the most vulnerable group to the worst crimes.

THE MEANING OF BEHAVIORS

ASSOCIATED WITH AGGRESSION

## CHAPTER FIFTEEN

### SEXUAL AGGRESSION

The jail provided a good place to observe how aggression happens - its context and when and how it escalates. Despite the lack of weapons, aggressors in the jail remained aggressive. It was often possible to 'read' the potential aggressiveness of a person by their behavior in everyday life. It was in this context of constant, lesser aggression that single acts of major violence occurred.

According to my theory, the worst psychological traumas will not only be the most severe ones but the multiple, severe ones. And this means that as the power differential between two people rises, the variety as well as the severity of injuries should increase. Accordingly in this chapter, I look at the frequency of physical aggression of inmates and officers and the conditions under which sexual aggression appears.

#### METHOD

I extracted all entries describing physical contact aggression involving inmates, employees and visitors at the jail.

#### RESULTS

There were 64 entire events of physical contact aggression as well as descriptions of the general level of physical aggression on the cell block.

## I. DESCRIPTIVE DATA

It was usual on the cell block to hear the rise and fall of verbal abuse and the crescendo of screams followed by resounding crashes as women were thrown into plexiglass walls by fellow inmates. Verbal and physical fights noticeably increased in October 1988 when the cell blocks were over-crowded. This was shortly before the jail closed for over-crowding. The cell block was quiet when the jail closed and only forty of us were left on the cell block.

There were daily 'incident reports' by male officers that described 'minimum force' used to subdue male inmates. This concealed the frequent, extreme physical brutality. But officers favorably compared the present brutality to the far greater brutality which was promoted by a prior administration and which led to the 1982/1983 jail riots.

## II. PHYSICAL AGGRESSION

### 1. Visitors

Three instances or 5% of the total physical aggression occurred in the visiting hall. In all 3 cases, the aggressors' victims were children. In two instances, an adult caretaker hit a child for no reason. One caretaker, a man, held down a little boy and hit him while he screamed in pain. One caretaker, a woman, interrupted her conversation with an inmate to punch her silent, immobile infant daughter in the face. In the third instance, a mother first hit her crying baby, then tried to smother it in her breast and then put her mouth over the child's and kissed it sexually.

## 2. Inmates and Officers

Inmates and officers physically fought with each other at times. At other times inmates as well as officers stopped inmate/inmate and inmate/officer fights. So employee and inmate aggression will be considered together.

There were 61 instances of physical aggression by male and female officers and inmates. The chief aggressors and the chief victims were other women inmates, as is shown in Fig. 15.1. Male officers were not observed to assault fellow male officers but they assaulted members of all other groups.

Fig. 15.1

## AGGRESSORS AND VICTIMS IN THE DC JAIL

AGGRESSOR AND VICTIM GROUPS	%
Female inmate aggressors Victim:	
a. against female inmates (41)	67%
b. against female officers (2)	3%
c. against male officers (1)	1%
Officers, female, aggressors* Victim:	
a. against female inmates (9)	15%
Officers, male, aggressors* Victim:	
a. against female inmates (2)	3%
b. against male inmates (2)	3%
c. against female officers (1)	1%
Male inmate aggressors Victim:	
a. against male inmates (2)	3%
b. against male officers (2)	3%
c. against female inmates (1)	1%
Total (61)	100%

\* including US Marshalls

Fights were stopped in various ways. In thirteen entries or 21%, physical assaults and fights were controlled by outside intervention: inmates, officers or riot teams. Female inmates controlled half the physical aggressors on the cell block, including a physical fight between an inmate and an officer in which the officer was the aggressor but in which the inmate was winning. No one stopped assaults by male officers.

Physical assault preceded or accompanied all sexual contact assault. In 13 entries or 21%, physical assault included or escalated to physical/sexual assault. Two such assaults were



committed by female US Marshalls, the remaining eleven by inmates. There was no record of a jail officer's physical assault escalating into a sexual one.

Most assaults were unprovoked. Thirty-five assaults or 57% were entirely one-sided, the victim being surprised or overwhelmed. There was no possible protective response. All thirteen sexual assaults occurred in these conditions. They accounted for 37% of the one-sided physical assaults.

A third of the assaults were bilateral fights. These began with verbal abuse which escalated into physical fights. None of these progressed to sexual assault. Twelve were equally matched fights and five were riots of female inmates. Six were physical assaults in response to an overwhelming verbal assault. The physical aggressor was not necessarily the victim of the verbal assault but could be her supporter. Two of these bilateral assaults pitted inmates against officers of the same gender.

In forty-five fights and assaults, the people were named. Nine percent of the named female inmates were aggressors. Four percent of the named female and male officers were aggressors. The two physically/sexually aggressive female US Marshalls represented 50% of the four named US Marshalls.

A quarter of aggressive inmates and a quarter of aggressive employees were involved in repeated, severe physical aggression. Both aggressive, female US Marshalls were repeatedly aggressive. But the two most aggressive female inmates were sexually, physically and repeatedly, far more severely aggressive.

## DISCUSSION

The jail was a good place to observe the nature of human aggression. It was rather like living in a sexually abusive family. Outsiders are not usually able to see what goes on.

There were two kinds of aggression. There was the predictable crescendo of aggression. Verbal fights escalated into physical fights when neither side could clearly win by words alone. As I show in the next chapter, sexual verbal assault could win physical as well as verbal fights.

But sexual contact assault appeared only when the aggressor was already able to physically win. This meant that sexual aggression was a measure of the severity of aggression. It occurred only with physical domination of the victim, whether by a surprise attack, physical mastery or psychological power. The sexual aggression of the female US Marshall, the visiting hall mother and the gang-raping inmates followed the same pattern. Thus sexual victimization by its nature is a severe and complex injury. It has psychological, sexual and physical components. It is an incident - not the only one - in which multiple, severe traumas can occur, not all of which will be sexual.

Physical and sexual aggression were seen in every group. It occurred with impunity in public. There was no administrative system to monitor or control it. It was extraordinarily distressing to inmates when confronted, as we were, with visitors who physically and sexually abused little children. The worst abuse in the jail was the open abuse of very little children. To avoid promoting abuse, a jail would need to set limits not only for inmates and employees, but also for visitors. It should also be prepared to report obvious child abuse.

The entries in my diary were rather few when it came to specific acts of violent physical aggression - not because it was rare but, as the descriptive data show, because it was

the norm.

But it does show that sexual aggression is a barometer, not of sexuality, but of a rising power differential between victim and aggressor. This is important to understanding sexual aggression. Most studies of sexual offenders are studies of men, (Lisak,D.,1994; Serin, R.C.,Malcolm,P.B., Khanna, A. and Barbaree, H.W., 1994; Seidman,B.T.,Marshall,W.L.,Hudson, S.M. and Robertson, P.J.,1994.) The same was true of my findings in Chapter 11. This has led some people to see rape as only male. The feminist view of rape has been criticized for this (McConaghy, Zamir and Manicavasagur,1993).

The offenders here were chiefly women: women against infants, inmates against weaker inmates, officers against inmates. Since men are the most powerful group, their aggression most commonly will advance to sexual aggression. But sexual aggression will appear wherever comparable power differentials arise. It need have nothing to do with sex. It did seem however to be related to the threat of body penetration. Penetrating injuries by guns and knives are highly traumatic and often rapidly fatal. Perhaps sexual aggression can be understood as their psychological equivalent.

Sexual aggression was death-like. As power differentials rose between aggressors and victims, those aggressors who were not being sexually assaultive were trying to kill their victims by strangling or assaults on the head. This made contact sexual assault a life-threatening assault on the body. This had nothing to do with the force with which it was inflicted. It reflected rather the ability of the aggressor to kill, if she chose to do so.

Over half of the assaults were without provocation. They were surprise attacks. This included officers and inmates. Thus aggression in the jail, as at home, was not 'mutual combat' (Berk, Berk, Loseke and Rauma,1983) but unprovoked domination. Most victims were attacked when they were not fighting and when they were not prepared to fight. They

were overwhelmed even if, with warning, they could have repudiated the attack.

The onset of sexual aggression was not gradual. Rather, there appeared to be a moment of assessment by the aggressor, followed by very sudden sexual attack, usually with a change in expression and voice. This suggests that choosing sexual assault and some degree of dissociation occur together.

Sexual aggression against a black woman was more likely than against a white. For instance, I was assaulted by a black US Marshall who threw me against a wall on the grounds that I was a 'roach smoking hill-billy.' When a black fellow inmate objected, the Marshall stopped, turned to this woman and sexually assaulted her with a karate blow to the groin and into the vagina. I suggest that I was only physically assaulted because being white I was in a stronger position. This means that black women are at particular risk of severe sexual assault in the jail and elsewhere.

The level of aggression of the most aggressive criminal women was very high. Such women in their general conversation gave credible descriptions of rape, murder and battery of children, the blind and the handicapped as well as of personal 'enemies'. But at other times - usually separated by months - these same women could themselves be vulnerable victims.

Three of these highly aggressive women, of whom there were 29 in my diary, told me of their childhoods of extreme physical and sexual abuse at home. All did so soon after they had been assaulted and publicly humiliated. They never referred to their childhoods in any conversation during the months when they were highly aggressive. Besides this, of the thirteen women in this chapter who were assaulted in jail, seven or 54% of them, told me of their childhood abuse soon after being victimized. This suggests that disclosure of any abuse is most likely to occur shortly after re-victimization. At these times, the aggressive will be victims and their aggressiveness will not be apparent. This suggests the following: 1) one

should not conclude that a person has not been abused as long as they are aggressive; 2) one should not conclude that a person is safe when they present as a recently traumatized victim. Either way, for the jail to tolerate aggression is to tolerate the very conditions that make recovery impossible.

## CHAPTER SIXTEEN

## 'FUCK TALK' AND 'MUTILATION TALK'

Verbal assault was even more common than physical assault on the cell block. The last chapter indicated a relationship between verbal and physical assault. Verbal assault often progressed to physical assault. If psychological trauma is one form of physical trauma, there should be evidence that verbal assault has physical effects. In this chapter I look for evidence for this.

To do this, I chose to analyze 'fuck talk'. It was the common, aggressive cell block language, fuck being used as a noun, verb, adjective and gerund. It was a specialized mini-language in itself. For example, a diary entry of a woman's comment, 'That mother-fucker fucked me and that fucked me up and I won't fuck with him, fuck it,' translates into traditional English as, "He raped me and that made me feel crazy and I will have nothing more to do with him. Not ever again." But speaker could not easily convey the violence of the assault and of the emotion it evoked in her when using traditional English.

This mini-language of fuck talk could not be easily explained away as a matter of culture, education or class. Many women switched from their usual English to 'fuck' talk depending on the occasion and the content of their conversation. And unlike all other obscenities, 'fuck talk' readily conveyed related concepts of violence, sex and incest, as in 'I'll fuck you up,' 'baby fucker' and 'mother fucker'. So it seemed to be the type of speech that would most clearly reveal a relation between language and psychological assault, and hence between psychological assault and its physical effects.

## METHOD

I extracted all entries containing 'fuck' and examined its use as to 1) when it was used; 2) if it had effects like a physical weapon; 3) differences between aggressors and victims 'fuck' talk.

## RESULTS

There were a hundred and forty-four 'fuck' entries recording conversations in which fuck was used 174 times.

### I. WHEN 'FUCK TALK' WAS USED

In 71 of the 144 conversations or 49% fuck talk was used when the topic of conversation was rape, violence, incest, prostitution and death.

I then sorted the 174 separate uses of fuck to find out how the speaker used the word. As shown in Fig. 16.1, fuck was rarely used casually or to describe consenting sex. Its most common use, 59% of the time was to admit or to a loss of control. Thus fuck was used to describe someone or something frightening; to protest mistreatment of self or of others; to try to regain power by self-assertion and to re-assert the power of authority when it had been diminished.

The second use of fuck, 39% of the time, was to gain control of others by verbal aggression. In five of these instances, or 3% of the total, fuck talk accompanied physical aggression. In five other instances, it was used to verbally abuse lovers.

Fig. 16.1	
THE USE OF 'FUCK'	
CIRCUMSTANCES	%
Verbal Aggression (68)	39%
To admit or protest a loss of control (103)	59%
Casual conversation (2)	1%
To describe consenting sex (1)	1%
TOTAL (174)	100%

Ninety-eight percent of the time fuck talk could be understood as a verbal weapon of offense and defense.

II. THE PHYSICAL EFFECTS OF FUCK TALK

I then reviewed the use of fuck talk in verbal fights, physical fights and unilateral assaults to see if it affected their outcome. Of the 144 'fuck' entries, 50 or 35% were used during a fight or an unprovoked attack whose outcome I noted.

I defined losers of a fight or a verbal or physical attack as a person who fled the fight while under attack or who was prevented by the other party from doing so. I defined a draw as a fight in which both parties stopped fighting simultaneously because of a clear inability to win.

As shown in Fig. 16.2, two-thirds of the time, only the winner of a verbal or physical fight used 'fuck'. Repeatedly in verbal fights and in unprovoked verbal assaults, 'fuck talk' put the loser to physical flight from the area. Thus fuck talk acted as a physical weapon.



Fig. 16.2

## 'FUCK' AS A WEAPON

1. Used by winner only (34)	69%
2. Used by both sides in a draw (7)	14%
3. Used by loser only (4)	8%
4. Used by both winner and loser (4)	6%
5. No winner; fight stopped (1)	2%
TOTAL (50)	100%

But in reviewing verbal aggression, it was apparent that fuck talk was not the most powerful language weapon. Fuck talk fighters were overpowered. The speaker put to flight by non-obscene extreme personal degradation that included descriptions of the person's death by extreme physical/sexual mutilation. Even jocular descriptions of such mutilation would put that person to physical flight.

Mutilation talk was able to put jail officers into physical flight from a cell block area, even when all the inmates were behind bars and posed no physical threat to the officer or to anyone else.

Twice inmates fighting with jail officers were at a stand-off with fuck-talk and launched into mutilation talk. Both times the officer fled. Both of these mutilation talking inmates had suffered extremely severe multiple childhood abuses combined with complete parental abandonment. One of the officers put to flight was known to have suffered childhood sexual abuse.

### III. AGGRESSORS AND VICTIMS OF 'FUCK' TALK

In 31 of the 174 fuck talk entries or 18%, fuck talk was not clearly directed at a person or an event. In 143 instances or 82% the target could be identified. Seventy percent of the time, the fuck talk target was a jail inmate or employee. But for the remaining 30%, it targeted serious threats to women inmates' safety: sex crimes, misuses of male legal authority, addictive drugs, guns and violence.

### DISCUSSION

Fuck talk was a strong mini-language of protest and aggression. And mutilation talk was an even stronger one. Oddly enough, verbal assaults using 'fuck' or descriptions of the victim's mutilation are not on a recently developed inventory of abusive behavior, including verbal abuse (Shepard and Campbell, 1992). My data suggest that they should be. They do not support the view that fuck talk at least in this setting is a generic way of talking of no specific importance. Here it was specifically used to deal with power abuses, usually ones arising from sex, violence or authority. The word was most commonly used as a weapon.

The usefulness of fuck talk as a weapon is not unique to the jail. In a case involving an incest father/rapist, the offender arrived in the social worker's office, produced a gun and said the social workers 'fucked everything up.' He went on to admit his incest but to justify it (Johnson, 1991). I suggest that the man was using display of his gun as his first offensive weapon. He used 'fuck' as his second weapon. And he was prepared to use his gun as his third to defend his right to commit incest. As I showed in Chapter 12, a number of people - some men and fewer women - regard such behavior as a personal right.

In the jail, fuck talk's chief use was self-defense. It was used 59% of the time, to

protest or resist aggression. Only 39% of the time was fuck talk used for aggression. This may have reflected its common use among women. Among men, it might be more likely to be used for attack. As I showed in Chapter 6, most of the male violence was aggression against the weak.

As a weapon, 'fuck talk' won verbal and physical fights. In 69% of fights and assaults, whether they were verbal or physical, only the winner used fuck talk and the loser was put to physical flight or sought to flee. When both fighting parties used fuck talk, the fight was most likely to end in a draw.

Fuck talk could be physically overpowered by serious or jocular mutilation talk. This could put jail officers to physical flight when they were in no physical danger.

Although not recorded in the diary, victims of fuck talk and of mutilation talk physically reacted as though they had been hit in the face. The person went paler. The head jerked back. The person stopped talking and appeared confused before turning and hurrying away. I suggest that verbal psychological assault is a form of physical assault.

It is sometimes asserted that 'words can kill more than acts,' (Lascaris,1993,p 34) or that 'sticks and stones may break my bones but words can never hurt me.' Neither seems to be true. Words can be physical weapons and very effective, dangerous ones. But they do not kill 'more' than acts - they are a physical act.

Twice since this analysis I have been accosted by aggressive male strangers who threatened me and my daughter. On the first occasion, a firm 'fuck off' made the leader of a group of men stop talking. He went pale, his head jerking back as described above. Then he and the four men began to laugh and walked away without speaking or looking back. My data from the next chapter suggest that in this situation the laughter was a measure of defeat.

On a second occasion, I spoke to the stranger who harassed my child and who had

begun to harass two small boys. He replied with fuck talk. I answered with jocular mutilation talk, verbatim from my diary.<sup>9</sup> His physical response was the same jerk of the head, pallor, silence, confusion and flight.

Many social mores act to increase the relative weakness of women to men. Gordon pointed out (Gordon,1989) that the social prohibition against 'better women' using obscenity and violent language deprives us of an effective self-defense.

But within the jail, language as an offensive weapon took a heavy toll. Aggressive fuck and mutilation talk inflicted continual injuries on officers and non-aggressive inmates. Both complained of physical exhaustion from such assaults. The officers had the right to put inmates using such language into solitary confinement. But officers would have had to begin by locking down half the cell block. This could not have been done without administrative support, which was lacking.

To provide psychological safety for jail employees and inmates, the jail would need to limit the use of aggressive language. It preceded much of the physical aggression. The immediate control of aggressive language in the jail would almost certainly decrease the escalations of verbal into physical aggression.

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<sup>9</sup>If you bother my daughter again, I'll rip off your arm, shove it up your ass, pull it out your mouth and beat you up with it.

## CHAPTER SEVENTEEN

## SMILING, LAUGHING AND CHEERING

Just as fuck is usually considered bad, laughter is usually considered good. Laughing, smiling and cheering are widely assumed to be signs of happiness. Psychology textbooks illustrate happiness with pictures of smiling people (Atkinson, Atkinson, Smith, Bem and Hilgard, 1990).

But these expressions may not always be happy ones. Laughter, smiles and cheers can belittle and degrade weaker groups - women, children, the poor, the handicapped, minorities. Or the expressions may be self-degrading or may deride serious issues. They may misportray dangerous people as 'silly' and hence harmless. Or they may trick people into laughing at abuse.

Finally, comedy is integral to sadism. The laughing, smiling killer, torturer and rapist as well as the cheering gladiatorial crowd are the ultimate belittlers of a victim's horrors. It is a morality in which 'bad' becomes good.

All of this suggests that smiles, laughter and cheers can only be understood in context, and may often be related to trauma, not safety. Accordingly I examined their use in the jail.

## METHOD

I extracted all entries describing laughter, smiles and cheers. I considered only events in which I personally witnessed the laughter, smiles and/or cheers. I included events in which people laughed or smiled while recalling prior events.

I excluded my laughter. It chiefly came from books I read in jail. I excluded events that I remembered as funny or laughed over when re-reading the diary.

RESULTS

A hundred and thirty-eight entries were found. In all but one, the laughter, smiles and cheers were part of interactions between people. The exception was an interaction between an inmate and a mouse.

As shown in Table 17.1, in 91 entries or 66% of them, laughter, smiles and cheers involved a person, or the mouse, being hurt or seriously humiliated.

In 15 entries or 11%, the victim was also the aggressor, the person degrading herself.

In only 47 entries or 34%, did smiles, laughter and cheers arise from people sharing an experience in which no one was hurt or humiliated.

Fig. 17.1	
LAUGHTER, SMILES AND CHEERS: AGGRESSION VS SHARING	
I. Shared, non-traumatic events (47)	34%
II Traumatic events (91)	66%
a. laughing major aggressor (40)	(29%)
b. laughing victim of major aggression (17)	(12%)
c. laughing witnesses of aggression (17)	(12%)
d. laughing self-degradation (15)	(11%)
e. laughing minor aggressor (2)	(2%)
TOTAL (138)	100%

A third of the time, laughter, smiles and cheers were the expressions of major aggressors during the attack. Twenty-four percent of the time they were the expressions of the

victims or of uninvolved witnesses. Witnesses, but not victims, cheered.

## I. NON-TRAUMATIC LAUGHTER, SMILES AND CHEERS

Smiles, laughter and cheers were seen when friends met each other and when people helped each other. For instance, a pregnant woman smiled when another gave up her seat to her. Officers and inmates smiled and laughed about the poor conditions they shared on the cell block. Officers and inmates smiled, laughed and cheered when they talked or sang together on the cell block.

## II. TRAUMATIC LAUGHTER, SMILES AND CHEERS

### 1. Laughing, Major Aggressors

These people laughed, smiled and cheered when recounting prior acts of serious aggression. Fifteen of the aggressors or 38% were involved in serious sexual attacks, including massive verbal sexual assault, aggressive self-exposure to humiliate others and contact sexual assaults.

Three women were repeatedly involved in laughing aggression. Two were inmates and one a US Marshall. The laughter occurred during physical sexual attacks and when recalling commission of violent assaults, rapes and murders.

Of the 34 laughing aggressors or groups of aggressors, 19 or 56% were female inmates. One group of laughing black women threatened to kill a white woman. They were doing so at the request of a black male officer.

Five or 15% of laughing aggressors were male inmates, including two large groups of male inmates.

I compared laughing aggression in named female and named male inmates. It occurred

in 7% of named female inmates and 18% of named males.

Eight laughing aggressors or 24% had legal or spiritual authority over inmates - a Black Hebrew rabbi, a US Marshall, a policeman, a lawyer, a judge and three jail officers. The last laughing aggressor was a male visitor.

There were 38 victims of these laughing aggressors. All but one or 97% were women or children. Four of the women were visibly handicapped.

## 2. Laughing Victims

In 17 entries, the laughing or smiling person was the victim, who smiled during and after the attack. Fifteen of the laughing or smiling victims were female inmates, one was a female officer and one a male inmate.

The smiles and laughter appeared to be a measure of the victim's powerlessness. It occurred in response to a surprise attack, while caged or shackled and manacled and during gang rape. It also occurred in a stroke victim unable to stand up after an assault and after a woman officer suffered a facial battering by a male officer.

Similarly, both victims and aggressors laughingly recollected events in which the victim was powerless, being tortured or facing death, as during prolonged torture/rape and attempted murder.

## 3. Laughing Witnesses

Seventeen entries or 14% recorded witnesses laughing, smiling or cheering while a woman was verbally or sexually degrading herself to an extreme degree. Witnesses cheered while a laughing inmate beat a mouse to death.

Witnesses also laughed during gang rape and during descriptions of prolonged, near-



death rape and subjugation. Three laughing witnesses were officers and fourteen or 82% were inmates.

#### 4. Laughing Self-Degradation

Fifteen women were their own victims. They smiled or laughed while publicly humiliating themselves. One woman repeatedly masturbated to orgasm while laughing, and another did this while alternately screaming for help and laughing.

#### 5. Laughing Minor Aggressors

There were two instances of laughing aggression in which the aggression seemed minor compared to the rapes and assaults of Category A above. Both however involved abuses of racial power.

In one, a priest laughed at a minister during a joint religious service. In the other, a male officer laughed at a male inmate asking for help. In both instances, the laughter appeared to be a misguided effort to be friendly. In both, the victims were black men and the laughing aggressors were white men. The response of the black men was shock in the face of public humiliation.

### DISCUSSION

My data suggest that laughter, smiles and cheers are very often not signs of safe happiness nor of 'good nature' on the part of the person smiling or laughing. In the jail, only 34% of the time did the appearance of laughter or smiles indicate a safe, shared experience. Sixty-six percent of the time it accompanied clear danger and aggression. Thus facial expressions are an unreliable guide to emotion. The emotion behind a smile in jail was most

often fear, hate or sadistic happiness. In other circumstances, the emotion behind an 'intent' expression may turn out to be extreme fear (Majdalany,1944). Thus we can not tell by looking what a facial expression means. It depends on the context.

Only if a person is known to be safe, is it reasonable to assume that a smile or laughter means happiness. When danger may be present, the laughter or smile is more likely to be a measure of the victim's powerlessness. This can explain why seriously abused children smile when they are with their abusers. It can explain why a Japanese school boy smiled after he was humiliated by a teacher and shortly thereafter committed suicide (NZPA, 1994).

In the jail, 66% of 'happy' facial expressions were clear evidence both of a victim's powerlessness and of serious aggression. These were pseudo-happy expressions. They measured the power differential between aggressor and victim. Ninety-seven percent of the victims of laughing aggression were children and women, at times visibly handicapped.

Almost a third of all laughter, smiling and cheering was seen in major aggressors while committing or recounting serious aggression. A third of their aggression was sexual. A quarter of them had legal or spiritual control over their victims.

These data help to explain why abused children have more difficulty than non-abused children in recognizing emotional expressions on faces (Camras, Ribordy, Hill, Martino, Spaccarelli and Stefani,1988). They know more than the researchers - they know that 'happy' looks can mean extreme danger. This pseudo-happiness indicating a large power differential would also explain why the white men laughed at the black men. In small villages such 'joking' is used by men to control women (Whitehead, 1976). It was a form of racial control, although the laughing white person seemed oblivious to it.

It is my recollection along with notes in the diary that smiles and laughter increased as a victim's danger increased up to a point. It stopped if 1) the person's body was physically

penetrated, eg by rape and 2) when the attack was stopped and the victim protected. For instance, I once intervened to halt a gang rape. The struggling woman had just stopped laughing at the point of being penetrated by two laughing aggressors in front of a cheering crowd. When I intervened with a shout, the rapists were surprised and fled. Even as they did so, everyone stopped laughing.

What are the origins of laughing aggression? Aggression has a biological basis but is a learned, childhood response (Atkinson et.al.,1990). There was evidence of this in my diary. On the cell block, laughing women rapists called their behavior 'play'. In the visiting hall, the laughing male visitor beat a little boy in his care and called it 'play'. The man then compelled this child to attack another, despite the tears of both children. This was called 'play'.

So in a jail, smiles and laughter do not mean the happiness of the inmates. They are more likely to mean extreme danger. Only knowing the situation will tell.

## DISSOCIATION IN JAIL FAMILY MEMBERS

## CHAPTER EIGHTEEN

## EVIDENCE OF EXTREME DISSOCIATION

Dissociation, denial, dishonesty and self-destruction are all part of trauma. Denial and dishonesty are at one end of the dissociative spectrum. Post-traumatic stress disorder and multiple personality are at the other. Destruction is the final outcome of severe trauma. These are the last areas I examine in the function of the jail's employees and inmates.

Dissociation is the 'fracture' of psychological trauma, the fracture being in the ability to integrate beliefs, experiences and emotion (Putnam,1989). The most extreme forms of dissociation are found increasingly as severity of abuse increases (Putnam, Guroff, Silberman, Barban and Post,1986). There should be evidence of severe dissociation in the jail.

Dissociative diagnosis can be puzzling and complex. It is not possible to diagnose dissociative disorders from my entries in my diary. But having multiple personalities would be evidence of severe dissociation. Trance-like states and slurring of speech associated with bizarre behaviors or memories of abuse are well-documented in people with multiple personality and other forms of extreme dissociation (Putnam,1989,Ch. 5). In this chapter I present the evidence that these were present in inmates and officers. And I describe two inmates whose behaviors were typical of many inmates and which were highly dissociative. As the histories show, one of these women was known to have suffered massive abuse which began in childhood but had never stopped.

## METHOD

I extracted all entries recording multiple personalities, sudden voice/behavior changes and trances from the diary. I also selected two women whose behavior seemed typical of the dissociative behavior seen commonly on the cell block.

## RESULTS

Overall 7% of officers and inmates named in the diary had evidence of extreme dissociation. Each instance is described.

### I. Multiple Personality

There were four entries about women who knew they had multiple personalities. Three women were inmates and one was an abusive US Marshall. The behavior of each woman which supported her belief will be briefly summarized.

1. A woman in her cell at night conversed with herself in four different voices. The 'killer' voice claimed to have killed another person inside her. A second voice grunted repeatedly as though in pain. The 'killer' voice then began to threaten to kill the woman's roommate, who thereupon shouted for help. In a third voice, the woman explained that she had many 'voices' and people inside her, one being God and the other the devil. When her roommate was given another cell, the woman, in yet a fourth distinct voice, asked what was going on and gave a detailed mis-description of what had actually happened.

2. A woman inmate, known to be a survivor of severe abuse, asked me for help in dealing with her different, named personalities which were fighting each other for control of her. One was 'good', a Mormon who wanted a non-criminal life. At night, when this personality was tired, the prostitute personality took over, taking their body down to the street. The woman said she had a third, violent personality which scared her.

She was released but arrested this time for armed robbery. Her prostitute personality told me that the violent personality committed the armed robbery. Days later, the 'good' personality, in considerable confusion, came to ask me why she was back in jail.

3. A woman inmate had a seizure-like flashback to severe abuse during which I and others helped calm her. She then named a hospital, known for its research in dissociative disorders. She said she had been diagnosed there with multiple personalities. She did not remember her flashback and asked me why she had been taken to the infirmary.

At a sudden sound, the woman whimpered and in a different voice and child-like manner said the sound reminded her of a particular episode of abuse when she was five. She described it. She then began to talk to herself in various voices, one of which spoke clearly, one like a child and one almost inaudibly.

4. A US Marshall repeatedly physically assaulted inmates, appearing to rapidly switch without warning from friendly to enraged behavior. One day she asked me for surgical advice, which I gave her. A few hours later, I was waiting in line to be shackled and was standing next to her when she entered a trance, chanting intense, continuous, verbal abuse at the woman next to me. I looked at the Marshall who gave no sign of recognizing me. The verbal abuse continued while she shackled me and I left the area. A half hour later, The Marshall sought

me out to thank me for my earlier advice and to explain that she had not been the verbal abuser. She said her 'night time'<sup>personality</sup> had taken her over. Later that year, the same Marshall guarded me again and appeared to have no recollection of any of these events.

All multiple personality occurred in named inmates and employees. One percent of the 269 named female inmates volunteered that they had multiple personalities as did one of the four named female US Marshalls.

## II. Slurred Speech and Trances

### 1. Slurred Speech

Excluding the four women with multiple personalities, there were eight people whose speech at intervals became markedly slurred. It was characteristically slow with a childlike lisp and rounding of syllables. It only appeared with memories of highly traumatic events or with bizarre behavior. A ninth woman spoke like this when in an excited, childlike state and asking me about my child's abuse. A tenth woman, known to be severely abused, spoke like this at irregular intervals, at times while recollecting prior trauma and at other times when sad.

As Fig. 18.1 shows, nine of the ten people with slurred speech said or clearly implied that they had been severely abused and/or abandoned in childhood. The tenth woman's traumatic events were the result of an abusive court response to her witnessing her husband's rape of their infant daughter. The woman underwent court-ordered electroshock and the child was put in the permanent custody of the abuser. The father/abuser was later prosecuted for



sexual abuse of other girls.

Fig. 18.1

SLURRED SPEECH ASSOCIATED WITH RECALL OF TRAUMATIC EVENTS				
#	SEX	STATUS	TOPIC OF CONVERSATION	PAST ABUSE/NEG.
1	F	INMATE	Childhood abuse/neglect	Yes
2	F	INMATE	Childhood abuse/neglect	Yes
3	M	VISIT	Childhood abuse/neglect	Yes
4	F	INMATE	Childhood prostitution	Implied
5	F	INMATE	Incomprehensible	Yes
6	F	INMATE	Childlike excitement	Suspected
7	F	INMATE	Abusive reform school	Implied
8	F	INMATE	Childhood prostitution	Yes
9	F	VISIT	Electroshock	As adult
10	F	INMATE	Childhood prostitution	Implied

2. Trances

I then looked for voice changes, slurred or not, associated with changes in behavior. I excluded women mentioned above who had multiple personality and those with slurred speech.

There were eleven diary entries describing an association of a distinct change while the person appeared to enter a trance. During this time the person seemed to become unaware of people and events around them. Two of the eleven women were known to have survived severe childhood abuse and/or abandonment. Three such trances occurred in female officers and eight in inmates, as follows:

## OFFICERS

1. A usually professional female officer closed the door to strip me. When the door shut, she went into a trance, speaking in a harsh voice, announcing herself to be a psychologist and being verbally/sexually abusive while claiming that I was abusing her. She continued in this state until we left the room and entered the main corridor.
2. A usually professional female officer came to help a woman having a seizure. Instead of helping, the officer suddenly began to scream abuse in an unrecognizable voice at no one in particular. She continued for about ten minutes and stopped abruptly.
3. A female officer became predictably abusive both on the night shift and whenever she saw female inmates with unbuttoned clothes. She would abruptly begin to speak in a harsh, grating voice, pacing up and down chanting sexually degrading comments and adding at intervals, "I know how to lie."

## INMATES

4. A usually timid woman abruptly entered a trance-like state, chanting verbal sexual abuse at another woman.
5. A woman repeatedly sexually attacked herself in public and to orgasm, screaming in various voices, one protesting, one urging on the attack and a third making dispassionate observations.

6. I passed a woman screaming threats at herself in a trance in her cell. I asked her why she was screaming. She stopped screaming, looked surprised and said in a different voice, "I don't know."
7. A woman repeatedly sat quietly, only to jump up in a trance, screaming threats against herself and others.
8. A woman hearing the word 'pregnant' entered a trance, talking in a different, strident voice of killing children.
9. A woman on hearing the word 'demerit', entered a trance, chanting about abuse and 'having the power'. This lasted for some minutes until she was ordered to stop. She did so and sat down confused about what had happened to her.
10. At breakfast, a woman stalked from her cell in a trance screaming that she was being starved. She continued in this state through the food line and while holding her food tray. Once she sat down to eat, she abruptly returned to her normal state.
11. A woman in her cell began to scream incoherently, dismantling the bunk and beating the walls and bars with the bunk struts. This continued in a stereotyped way, the process being repeated over and over again. Suddenly she stopped and began talking to herself saying, "You know I have to do that. When I get locked down, I don't like to ask for a shower. It gets me upset."

In addition to these trance-like changes in voice and behavior, a twelfth woman described becoming able to hypnotize herself after psychological torture/reform in a US Federal prison. She had spent 20 months in an American Federal prison undergoing psychological 'reform', apparently based on torture techniques developed in Dachau and in Korea. She was kept entirely alone and in full light, day and night. She was allowed five books, chosen by the Federal government. She said the torture brought her close to suicide but that she discovered she could escape her oppressors by relaxing, whereupon she entered a trance, rising out of her body and looking down on herself.

### III. Two Case Histories

These two case histories were chosen as typical of the common cell block cycles of behavior in women inmates.

1. A white woman, formerly a prostitute and now a manager of an organized crime escort service, said she felt abandoned by her husband. Within hours, her behavior changed. She became silly and sexually aggressive, tearing open women's jumpsuits and her own. Hours after that she exposed her breasts and began to fondle them. She sat next to a lesbian woman whose male-role lover was in solitary confinement for fighting.

Soon, the two women next to each other appeared to enter a trance and the white woman rose and went to her cell, the other woman following her. They had sex then and for two more days. The liaison ended suddenly with extreme verbal/sexual abuse on both sides. The white woman's sexualized behavior stopped abruptly.

She was attacked and threatened by the betrayed male-role lesbian lover who was briefly released from solitary confinement. But the white woman was amazed and aware of

no reason for being attacked.

2. A woman had been severely sexually abused by her father and her brothers since infancy. Her family was in organized crime. Her mother, an alcoholic, was dead. The woman herself was jailed repeatedly for drug sales. By choice she was usually lesbian, believing women to be safer partners.

When talking about her childhood, the woman had periods of confusion, starting a sentence and then becoming vague.

After her latest jail release, finding her lesbian lover to have abandoned her and having nowhere else to go, she stayed with one of her brother/abusers. He was bisexual. He raped her. She then took a male lover whom her brother either seduced or raped. She then found she was pregnant either by her brother or her lover. She tried to commit suicide by drug overdose and by exposing herself to AIDS.

During this period, she was arrested for armed robbery. She was convinced she had not committed the crime. She believed she had never committed violence and the name given by the armed robber was unfamiliar to her. Yet the fingerprints on the gun matched hers. This 'other person' had a history of violence. She was very confused and frightened and pled guilty.

## DISCUSSION

The dissociation described in my diary entries was only what was evident to casual observation in every day life. Formal study of these officers and inmates would show rates much higher than the 7% found here.

As some comparison with my figures, PTSD has been reported in 25% of male juvenile offenders (Barton et.al.,1994). A study of college psychology students found that 84% had experienced at least once event sufficient to elicit PTSD (Vrana and Lauterback,1994). Estimates of the prevalence of multiple personalities range from 0.5% to 10% - in clinical populations (Bliss and Jeppsen,1985; Kluft 1993; Ross, Heber, Norton and Anderson,1989)

Dissociative symptoms during or in the immediate aftermath of a traumatic experience indicate the risk of later post-traumatic stress symptoms (Koopman et.al.,1994). The greater the dissociation during a traumatic experience, the greater the likelihood of later, severe symptoms (Marmar, Weiss, Schlenger, Fairbank, Jordan, Kulka and Hough,1994). My data appear to indicate that although they had the same percentages of dissociation, that of the inmates was worse, just as their abuse had been.

Officers' dissociative behaviors were striking because they were in contrast to their usual more normal behavior in themselves. They were also in contrast to fellow officers' behavior.

Inmates' dissociative behavior was more extreme. Inmates, but not officers, held frequent public conversations between personalities. Inmates but not officers had personalities that physically, verbally and sexually attacked their body in public. In jail I became quite accustomed to seeing one woman dissociate. This would trigger another and another until an entire group were in a trance-like state and screaming. It was like watching dominos fall over. Such extreme dissociation was so common as to be the norm.

Could the dissociation have been from drugs and not from traumatic experiences? There is no way to prove it from my data but I am certain it was not. The effects of drugs on my fellow inmates were prolonged. The dissociation was a rapidly changing, distinctive state. It was usually suppressed by drugs. The dissociative behaviors in each woman were also

characteristic of her, each type reappearing repeatedly over months and in response to similar triggering situations on the cell block.

Understanding and interpreting dissociation became an essential part of my survival on the cell block. For instance, I found that my physical retreat when an aggressor personality was coming to the fore would allow the aggressor to take over. By holding my ground but doing so politely, I found I could 'dial' into a different personality so that the aggressor lost control. But I couldn't do this once the aggressor was already in control. Dealing with any one of my fellow inmates was often like watching an old-time movie which jerked from one frame to another. There was no smooth integration between fragments. Rather for most women there seemed to be a state of internal civil war, with a myriad fragments, too shattered to be called personalities, each gaining a brief right to speak. I learned to live with a sense of continuous disbelief. Once a woman intervened in a horrific fight, controlling it smoothly with a few well-timed karate moves. A minute later, when I praised her, she did not know what I was talking about and became frightened. What was impressive was that these badly fractured women could function at all. It suggests also their extreme vulnerability to triggers in the sexualized atmosphere of the jail. The officers' dissociative fractures seemed to be into larger, more stable fragments.

One woman's dissociation appeared to result from her deliberate psychological abuse within the US Federal prison system. Other inmates who had lived in other Federal prisons reported that large numbers of Puerto Rican immigrants were used for slave labor and that those who protested this system were found dead in their cells. Others reported that in Federal prisons housing men and women, the women were frequently gang-raped.

Although the Federal prison system was widely regarded, as a model for improvement in the DC jail, these reports suggest that it was not. The Federal system had more power,

more secrecy and more isolation than the DC jail where, <sup>to</sup> my knowledge, such mistreatment did not occur. Thus it would seem predictable that dissociation would be less common and less severe in the jail. Indeed my data suggest that the jail in many ways promoted trauma and dissociation but that nevertheless it was not traumatic enough to cause dissociation to arise de novo.



## CHAPTER NINETEEN

## DISHONESTY, DENIAL OF REALITY AND PROBLEM SOLVING

Denial, dishonesty and irrationality are closely associated with dissociation, which is part of the continuum of denial (Sgroi et.al.,1988). Denial and dishonesty are the first step. They trivialize traumatic events and excuse responsibility for them. Overcoming denial is part of the process of recovery for abusers, survivors of abuse and criminals alike.

Abusers and criminals have sound reasons to deny and lie about what they do. It avoids ostracism, prosecution or both. Survivors also have sound reasons to deny and lie about their abuse. They may be called liars. They may be subjected to greater abuse. And they may be psychologically unable to cope with the memories and feelings of abuse. They may be trapped in a complex, well-intended but conflict-based legal process in which victims are very vulnerable (Isquith, Levine and Scheiner,1993).

Further, all three groups may deny and lie because they dissociate. But the effects of all these responses is to make life irrational. Since the unresolved memories and feelings are the drive behind the disrupted behavior, denial, lying and dissociation all make the person incomprehensible to himself and to others. In this chapter, I consider both inmates' and employees' denial of reality.

After doing so, I also consider how the two groups solved their problems to see if the effects of denial could be seen.

I. DISHONESTY, DENIAL AND IRRATIONALITY

METHOD

I extracted entries describing 1) irrational or dishonest behavior of inmates and officers and 2) dishonest or irrational jail rules.

To be irrational or dishonest, an entry had to have documented contradictions or concealment. Their negative effects had to be evident. They included an officer seizing an inmate's chair, claiming it was needed and then not using it. They included well-fed inmates stealing food from others.

RESULTS

There were 475 rules or behaviors that were irrational or dishonest. Twenty-four of them or 5% concerned jail visitors or legal authorities employed outside the jail. Fifty-four entries or 11% were valid complaints about the system's own irrationalities in laws, sentencing and management of inmates. As Fig. 19.1 shows, inmates accounted for 40% of the irrationality and dishonesty but the system itself and the people running it accounted for 54%.

Fig. 19.1	
DENIAL OF REALITY	
Inmates (192)	41%
Non-Administrative employees (119)	25%
Administrators, including irrational rules (86)	18%
Legal System, as per inmate complaints (54)	11%
Outsiders (24)	5%
TOTAL (475)	100%

## 1. Administrators and Their Rules

Forty-seven of the 86 administrative entries or 55% of them were irrational or dishonest rules. Many have been mentioned in earlier chapters. For instance, the rules establishing an inmate complaint system in which all complaints were rejected.

Jail rules also 1) compelled unsentenced inmates to wear blue jumpsuits to court and 2) prohibited unsentenced inmates from wearing blue jumpsuits.

Similarly it was the administration's rule that 1) the press was prohibited from cell blocks to protect inmate privacy and 2) was allowed on cell blocks to photograph inmates without permission to counter negative jail publicity.

Thirty-nine entries or 45% of the administrative entries concerned denial or dishonesty of individual administrators. Nine complaints or 25% were those of one administrator about another. Twelve complaints or 31% described serious incidents, such as deliberately encouraging the sexual harassment of women.

Irrationality and dishonesty were not uniformly spread. One female administrator accounted for 14 entries or 39% and a male chief administrator accounted for 5 entries or 13%. Male administrators as a whole accounted for 64% of the irrationality and less senior women administrators accounted for 36%.

## 2. Officers

There were 119 entries about officers' dishonest or irrational behavior. Nine or 8% were officers' complaints about other officers. Many have been considered earlier. Forty-eight entries or 40% involved serious problems which promoted drugs or violence or which required other officers to lie. This could be to protect senior officers or to prosecute inmates unfairly.

Twenty-eight dishonest or irrational officers were named. They represented 33% of the female and 38% of the male officers named in the diary. For the female officers, 63% of the problems were serious. For the male officers, 70% of the problems were serious. Four named supervising officers - two Sergeants, a Lieutenant and a Captain - accounted for 34 incidents or 56% of all officers' dishonesty and irrationality.

### 3. Outsiders

The dishonest or irrational people outside the jail but involved with the system included legislators, lawyers, judges and police and journalists investigating the jail.

Despite meetings with administrators and inmates, two journalists refused to believe jail conditions. One insisted that the jail let inmates out for evening walks. The other believed that inmates, not administrators, gave the orders in the jail.

In the same vein of massive denial, a legislator visited the jail and urged female inmates to leave and join their children - as though they had the power to do so. Similarly a judge sentenced inmate Harris based on inmate Harrison's record of felonies. The judge refused to check the files and correct the error. A lawyer urged his client into a drug program, knowing she was not a drug user. Another lawyer deliberately distorted facts to mislead the jury. He asserted this was the norm, explaining that everyone regarded the criminal system as a 'game'. This lawyer was surprised to learn that inmates did not consider it part of the 'game' to be falsely arrested.

#### 4. Inmates

Of the 192 entries of inmate irrationality and dishonesty, thirteen or 7% involved seven named male inmates or 25% of the ones in the diary. Nine or 69% were very serious incidents, denial and irrationality excusing murder and extreme psychological abuse of others.

The rest of the entries or 93% involved female inmates and 156 or 87% were serious problems, denial and irrationality excusing assaults, self-exposure and involvement in riots.

## II. PROBLEM SOLVING: THE ROLE OF DENIAL

### METHOD

I extracted all diary entries that described an employee or a criminal inmate's specific problem and specific solution.

I sorted the solutions into 1) direct, non-violent action; 2) avoidance and 3) aggression. In avoidance I included behavior that acknowledged the existence of a problem but which responded by tolerating it rather than solving it. I excluded lies as a solution as they were considered above.

### RESULTS

There were four hundred and eleven problem/solution pairs identified. Of these, 227 or 55% were inmates' problems and 184 were jail employees.

1. Jail Employees' Problems and Solutions

There were 184 problems to which jail employees described their solutions. As shown in Table 19.2, the most common solution was avoidance. Aggression was the second.

Fig. 19.2	
EMPLOYEES' SOLUTIONS TO PROBLEMS	
Avoidance (78)	42%
Aggression (64)	35%
Direct, non-violent action (42)	23%
TOTAL (184)	100%

2. Inmates' Solutions

There were 227 entries in which inmates provided solutions to their problems. As shown in Fig. 19.3, aggression accounted for 44% of the solutions. Avoidance was the second most common solution.

Fig. 19.3	
INMATES' SOLUTIONS TO PROBLEMS	
Aggression (101)	44%
Avoidance (62)	27%
Direct, non-violent action (64)	28%
TOTAL (227)	100%

Ninety-eight per cent of these solutions were those of female inmates. All five male inmates' solutions were aggression.

## DISCUSSION

The legal system produced more dishonesty and irrationality than the inmates did in my diary. The system produced 54% of it. This may seem impossible. It was not. Over half the system's lies and irrationality came from senior officials. Further the legal system promotes this. Winning in the law is more important than the truth (Robinson,1993).

A single example is revealing. A drug-addicted prostitute was falsely arrested. Her car had broken down. She had called a cab. Two undercover police saw her on the street and arrested her. In court, using the police records themselves, the prostitute showed that the police testimony was false. (The police testified that she had solicited them to earn the money to pay for a cab. The police records confirmed her testimony that she had \$50 in her wallet.)

The prostitute also showed that the police were driving an illegally registered vehicle. The judge had the policeman cited in court for this violation. The judge then closed the case by 'finding' that to uphold the credibility of the law, he decided that the prostitute was the liar and the police told the truth. This could not happen to a felon. Prostitutes, unlike felons, are not entitled to jury trials. Wherever rights and public review were curtailed, dishonesty colored the system like wine through water. On the other hand, inmates' denials and irrationality tended to concern more serious matters. Nevertheless it was the inmates' correct perception that the legal system 'lied more' than criminals. Ten percent of the dishonesty and irrationality could be rapidly corrected by making the rules themselves rational and honest. Further, a small number of people in senior posts accounted for a disproportionate amount of

denial and dishonesty.

At the same time, certain ideas in the law itself promote inmate dishonesty and irrationality. Because of this, within the system, denial and irrationality work. For instance, 70% - 90% of felony prosecutions end in the criminal taking a guilty plea before trial (LaFave and Israel,1991). Inmates correctly complained that they were jailed for crimes they did not admit. Authorities assumed that inmates were grateful for getting less time in jail because of these fictions. They were but to the inmate it also made the law a co-conspirator in a system of criminal lies. Inmates who honestly admitted their crimes were more harshly treated than if they denied them and took a plea bargain.

Further, like the lawyer, many others in the city, as elsewhere, saw the law as a 'game' (Furedy,1989). This trivialized the law and its errors which affected people's lives. But in some ways the law may have become a game. There are similarities. Like team sports, the American law is adversarial, has intricately complex rules, constant tactical manoeuvrings, exploitation of the weak by the opposing team and a need to win.

Unfortunately, it was a fixed game - only one side made the rules and chose the referees. And in games the weak lose. The same happens with law, regardless of the rights of the case (Myers, 1992). The criminals had a point. They complained that the law was opposed to them on a question of power, not of law, justice, truth or right and wrong. Such a system can not be expected to control crime.

The effects were seen in people's solutions to their problems. Avoidance appears to arise from fear about how to react (Wilson, Lindy and Raphael,1994). Aggression is linked to rage (Nader,1994) which itself is accompanied by feelings of helplessness (Raphael and Wilson,1994). So the high frequency of avoidance and aggression suggest that inmates and officers alike struggled with fear, rage and helplessness. The officers on the whole were more



fearful. The inmates more angry and helpless.

Trauma recovery includes learning how to understand these emotions. It also includes setting them aside to solve present problems directly and effectively. This avoids scapegoating of victims and abusers (Gelinas,1983). It enables conflict to become an opportunity for understanding and personal growth (McFarland,1992).

The problems faced by the officers and inmates were very different. The inmates were not only more aggressive, but their problems on the cell block were less difficult to solve than officers' were. Further, officers who used direct, effective action were more likely to be self-sufficient. Inmates were more likely to ask someone else for help. Both groups used effective action rather than aggression or avoidance a quarter of the time.

Besides problems from their personal past, employees and inmates were likely to be affected by administrative decisions. The greater avoidance by officers and greater aggression by inmates might well reflect the laxness of supervision of the first group and the greater aggression against the second. But the poor problem solving may also have reflected the lack of any good solutions to any of the problems in the jail, as long as the administration avoided them. Either way one turned, there was no solution except aggression or avoidance. These are the solutions used by abusive and dysfunctional families. They are also the only solutions during war.

## CHAPTER TWENTY

## SELF-DESTRUCTION:

## DEATH AND THE DESIRE TO DIE

Death is the result of trauma too overwhelming to deny and too severe to survive. It is the exit from the Death Spiral. It can be death of others. As was clear in Chapter 14, death of children occurred in the wake of abuse.

Nearness to death appears to correlate with the severity of one's traumas and prior traumatic events, whether physical or psychological. Seventy percent of severely injured people with multiple personality (Coons, Bowman and Milstein, 1988) and 70% of those with massive physical injuries (Frutiger et.al., 1991) have suicidal thoughts. Suicide attempts and suicides are common in both groups as is causing the death and harm of others.

But psychological trauma can also be fatal to oneself. In Canterbury, New Zealand, initial findings in a long-term study of suicide show that childhood abuse and prolonged parental abandonment are high risk factors. Serious psychological illness is another (Canterbury Suicide Project, 1992 and 1993) They are related. And both were present in many of my fellow inmates. So there should also be evidence of suicide, serious attempts at it or other forms of self-destruction.

In this chapter, I consider death and the desire to die among inmates and officers. If they are suffering multiple, massive injuries and are in a death spiral, the inmates should have a clearly higher fatality rate from trauma than officers had.

## METHOD

I extracted from the diary all entries about death, thoughts of suicide and suicide attempts, whether they occurred in jail or before the person came to jail. I compared these to the person's history, if it was known.

## RESULTS

The diary recorded no deaths, no thoughts of death or of suicide and no suicide attempts among jail employees.

Among male inmates, two men attempted suicide and two other men died.

Among female inmates, two wanted to die, seven attempted suicide and nine died, one after a previous failed suicide attempt. Of these 17 women inmates, 14 were named, a 5% rate of death, suicide and suicide attempts for named women inmates over two years.

### I. Wanting To Die

Both women who wanted to die had been severely sexually abused in childhood. Their desire to die arose from overwhelming memories of their abuse.

### II. Suicide Attempts

Two male inmates attempted suicide by slashing their wrists in jail. Their childhood histories were not known. One man became suicidal while in the care of a sadistic psychiatric nurse who urged him to kill himself when he talked of suicide.

Four of the seven female inmates' suicide attempts occurred before jail, at ages 7,11, 14 and 20. Each attempt was preceded by multiple, severe traumatic events, as follows:

- 1) early severe paternal physical abuse, maternal abandonment and separation from all siblings followed by abuse in foster care;
- 2) born to a 15-year-old prostitute; raised by her mother's sexually abusive grandfather who was probably also her father;
- 3) prostituted by her mother at age 2; abandoned by her father;
- 4) court-ordered removal from her non-abusive mother at age 4 on the grounds that her home had too few bedrooms. Given to her abusive maternal grandmother; returned to her mother as a teenager, her mother being murdered by an abusive ex-lover soon after that.

One of these four women and another three attempted suicide in jail, two by hanging, one by drug overdose and one by escalating attempts at drug overdose and self-mutilation.

Three of the in-jail suicide attempts or 75% occurred while an abusive officer was in charge of the woman. All three times, the abusive officer urged the suicidal woman inmate to kill herself.

### III. Deaths

Of the eleven inmate deaths, nine were women and two were men. One man was killed by the police during a bank robbery after a jail escape. The other died in jail from food poisoning.

Of the nine women who died, two were murdered on their release from jail.

Five died by heroin overdose soon after their release from jail. Three of the four 'overdoses' were known to be planned suicides. Of them, two were in women who had been prostituted in childhood by their mothers and the third was in a woman known to be

prostituting her 5-year-old daughter.

The remaining two women died in jail, one from abuse-linked anorexia and the other from recurrent small bowel cancer.

## DISCUSSION

Many inmates were headed for death at an early age. Many others were so destructive of those around them, ie those with whom they shared space, as to be propelling them rapidly towards death. As a group, officers were far less destructive of themselves or of others. The severity of inmates' injuries was seen in their rarely talking about wanting to die. Rather they acted in ways that were likely to be fatal. Five percent of my fellow named women inmates or 2.5% a year died. Almost all deaths were trauma-related. The actual rate of death by suicide was certainly much higher. I learned of my fellow inmates' deaths by chance since none occurred on my cell block.

The heroin deaths soon after release from jail could be explained as inadvertent overdoses after withdrawal. They were not. My fellow inmates were well aware of their decreased tolerance. All such deaths that I knew of were openly planned suicides. In this regard, many women were also deliberately trying to contract AIDS in order to die. Many succeeded. HIV-III infection among drug-addicted prostitutes was reported to be 70%.

The multiplicity of other psychological problems in people who attempt suicide (Canterbury Suicide Project, 1992 & 1993; Norton, Rockman, Luy and Marion, 1992) suggests that suicide is one of various fatal outcomes of massive psychological trauma. The data show

again the ill-effects of well-intentioned but ill-informed court interference. Court removal from a non-abusive mother to an abusive grandmother was directly related to the inmate's escalating efforts to die.

The impact of child prostitution was apparent. Three of the four women who died by suicide were involved in incest/prostitution, two when they were children and the third was her infant daughter's pimp.

Finally, my data indicates the link between jail management of inmates and severity of attempted suicide in jail. All in-jail suicide attempts were directly related to psychological abuse of inmates by sadistic officers in charge of them at the time. I protested this to the administration on two occasions. There was no response and the officers remained in charge of inmates.

The administration similarly suppressed a junior officer's complaint about the psychiatric nurse who urged her patient to kill himself. So even when inmates faced death, the administration protected their abusers. It functioned as an abusive head of family to the end.

Talk of rehabilitation in such an environment is absurd and outrageous. Yet the jail was still a better, safer place than the streets and than most inmates' families. It recreated the type of situations but the resulting traumas were less severe. Are there solutions? I believe there are. In the final chapters, I summarize my data and discuss my conclusions. And in the Appendix I list the specific changes needed based on the data presented here. But first, I consider the role of the jail's most important support for its inmates - religion.

## CHAPTER TWENTY-ONE

## RELIGION

The American constitution protects religious freedom in America. The Constitution reads, "Congress shall make no law...prohibiting the free exercise (of religion)."

Religion was protected in the jail. Inmates were allowed to wear religious jewelry, such as crosses and rosaries, and to have any book that was 'religious'.

Religion is usually regarded as good. Still in the past and present it has been associated with oppression, violence and torture. This was true of Viking ritual gang-rape and murder of a girl when a warrior died (Fadlan,922). It was true of the choice of public degradation or burning alive for Brahman widows (Tavernier,c. 1650), the tortures of one Christian sect by another (Phillips, 1568-1575) and the Nazi belief-based extermination of Jews (Graebe,1942).

Male interpretations of commonly revered religious books may contribute to the oppression (Afshar and Dennis,1992). In modern Christianity, the church has been misused to promote incest and to conceal incest (Sargent,1989). In parish churches in the United States even when a denomination as a whole tries to treat women and children as equal partners, a particularly authoritarian male minister may change his church's power structure to promote or conceal child sexual abuse within the church (Anderson,1992).

So it seemed of obvious importance to examine the religious beliefs and behaviors within the jail and the extent to which they might promote trauma, violence or crime.

## METHOD

I extracted all entries about spirituality and religion.

## RESULT

There were 134 religious entries of which 26 or 19% concerned myself. I consider these separately from the others.

### I. Author's Use of Religion

My chief use of religion was to receive and give support. Some of my religion-associated behavior was practical. My Bible served as a pillow and as a diversion from boredom. The Bible was the only book allowed off the cell block. I took mine with me to relieve the hours of waiting when I was off the block.

### II. Other Inmates' Uses of Religion

Of the 134 other entries, 108 or 81% applied to others. I sorted these by the person's view of and use of religion. As shown in Fig. 21.1, 51 entries or 47% recorded religion being used supportively. In nineteen of these entries or 37% of them, it specifically



supported severely abused children.

Fig. 21.1	
USES OF RELIGION	
A. To Support, eg to share, help, soothe, guide, comfort, protect (61)	56%
B. To Abuse, eg. to control, coerce, intimidate, attack, lie, overwhelm (35)	32%
C. Neutral, eg to explain dissociation; gain social power; or to reject religion (12)	12%
TOTAL (108)	100%

In two entries religion was used abusively but in accordance with jail rules. Religious counseling and services were denied to inmates in solitary confinement.

Entries were then examined to see who misused religion most: inmates, officers or religious personnel.

Of the 108 entries, 90 could be sorted this way. As shown in Fig. 21.2, officers were least likely to misuse religious power. Yet they had complete control over inmates' access to

religious services and personnel.

Fig. 21.2		
MISUSE OF RELIGION		
GROUP	APPROPRIATE	MISUSE
Inmates (53)	55% (29)	45% (24)
Officers (16)	88% (14)	13% ( 2)
Religious personnel (21)	52% (11)	48% (10)
TOTAL (90)	60% (54)	40% (36)

III. Personal Religious Beliefs

Entries were then studied for specific religious beliefs about the nature of God. Only eighteen such beliefs were found. God had three quite different meanings:

- 1) a kind God whose religion condemned cruelty and
- 2) a cruel God whose religion condemned kindness and
- 3) a neutral God whose religion was magic.

1. A kindly God accounted for five of sixteen beliefs or 31%.

2. A cruel God was the most common. This God, referred to 58% of the time, hated and condemned many groups: homosexuals, the children of criminals, women. This God forgave cruelty provided the abuser reported it secretly to God.

3. A neutral God was the least common God, accounting for two of the 18 entries or 11%. This God helped people magically through auras, dreams, visions and extrasensory perception.

Some religious personnel appeared to believe simultaneously in a cruel and a kind God. No inmates seemed to do so.

IV. Religious Beliefs and Childhood Abuse

There were 31 religious entries pertaining to survivors of abuse. These people or their families had experienced childhood abuse and described their abuse experiences in relation to religion. As shown in Fig. 21.3, 71% had their religion to support the abused child. Two experienced religion as dissociation. A quarter found that religion protected the abuser.

Fig. 21.3	
RELIGION: FOR OR AGAINST CHILD ABUSE	
A. Supports abused children and their protectors (22)	71%
B. Supports child abuse and child abusers (8)	26%
C. Is dissociative (2)	6%
TOTAL (31)	100%

Of the twenty-two people who found religion to be helpful to abused children, seven or 32% were female inmates. Another seven were female officers. The others were male employees and male and female visitors. For all twenty-two people this religious support had given meaning to their lives.

Eight people or 26% had found that religion promoted child abuse. For instance, an officer asked local ministers to speak out against child sexual abuse. They had refused for fear of offending child molesters in their congregations.

Both descriptions of God experienced through dissociation came from survivors of severe childhood abuse.

## DISCUSSION

There was a duality to religion. People chiefly used religion to help and support each other. Most people found that organized religion supported abused children, not abusers. The jail's main religious personnel were all personally dedicated to helping abuse survivors and were a life-line for inmates.

But the prevailing view of God was as a cruel hater. It suggests a division between the practical use of religion and the portrayal of God to inmates in jail. In some ways, this God resembled inmates' perception of their judges or even of Satan (Johnson,1991).

God's attributes are important to the oppressed because they lack other social supports. Religion is traditionally very important to blacks and to women. Most black leaders have come from the church (Lincoln,1984). For black Americans, traditional religion provides a dignity, integrity, freedom and power that is otherwise lacking in their lives (Washington, 1972).

But in the jail, a cruel God was found to some degree in traditional black and white religions and to a greater degree in the less common sects allowed access to the jail.

The dissociative God provided dissociative experiences (Chu and Dill,1992) which are often used to enable people to partake in self-abusive rituals (Diesel,1994). So a dissociative God may be related to an abusive one.

But even the kind God became cruel. In some recent religious writing, God becomes

closely linked to blaming the victim for violence and war. It was recently theologically argued that violence is used to redress wrongs 'to prevent injuries' (Lascaris, 1993). Unconditional forgiveness was prescribed as the 'antidote to violence.' At least in the jail, this rationalized and excused violence. It was what made the kind God a cruel one. It excused the perpetrator, making the unconditional forgiveness of the victim the magic control knob of the aggressor's behavior. Mutual forgiveness may help to stop mutual combat. But my data show that the worst aggression was unprovoked and the victim was incapable of self-protection. Yet theologically the victim was responsible.

This led to various rationalizations of aggressive crimes against the weak. It also led to magical thinking. A well-intentioned minister during his sermon explicitly stated that if an inmate 'said sorry' to God, then the crime had not happened. It made reality unreal. It made recovery impossible. And it promoted crime. So even supportive traditional religion could slide along paths that promoted crime and minimized victims' sufferings.

At other times, religious services were blatantly psychologically dangerous to traumatized inmates. This happened when sects replaced ritual with inspirational preaching. The preacher at one such service, a non-Christian one, preached with intense rage of God's implacable hatred of blacks (other than his sect), black women, whites, Americans and homosexuals.

On another occasion, a woman preacher for a Christian sect entered a dissociative state during her sermon. Screaming, she directed inmates to 'heal' other inmates and backed a sobbing, frightened inmate into the wall, chanting that Satan was inside her. Inmates followed the minister's example until half of them were in dissociative states, chanting vituperative abuse and threats in the name of God. The other half were crouching on the floor, sobbing and sucking their thumbs.

These experiences were excused by the administration on the grounds of freedom of religion. But it was a specious argument. The administration itself selected the groups that had access to the jail. There were very few of them. Many very moderate and self-help oriented groups were kept out. I was told that the ones allowed in were the most popular ones. Women inmates, at least, had no say in the matter and men did not appear to have either. Thus the administration was selecting at least some sects that degraded inmates or subjected them to very traumatic experiences in the name of religion. Nor were there guidelines for these services. Nor were they monitored by administrators.

The explanation appeared to be that these religions either degraded inmates or made them appear 'crazy'. They helped to justify the administration's own treatment of inmates. It is in this context of religious justification of mistreatment that the worst abuses occur (Goodwin,1993).

On the other hand, the inmates were highly suggestible. They were easily influenced by the emotional content of these services. The line officers were not. It suggests that for most officers, whatever their abuse, it had not destroyed fundamental beliefs about themselves and their religion. For many of the inmates, it had.

## CONCLUSIONS

## CHAPTER TWENTY-TWO

## COMPARISON OF THE THEORY AND THE DATA

In this chapter, I will review the theory I advanced earlier in Chapter Four and consider whether my data support it. In the last chapter, I will consider whether the findings are reliable and what the implications are for criminal rehabilitation.

As the reader will recall, my data were derived from my diary of events in the DC jail during my 25 months' civil incarceration. So it is important to remember that a jail is not a prison. Prisons are for convicted criminals, usually those convicted of serious crimes. Jails are for people arrested - but not yet convicted. They are also often used for criminals convicted of lesser crimes. In Washington, DC, many women criminals, but few male criminals, served their sentences in the jail.

People held in jail have none of the rights granted to prisoners, because it is assumed that they will spend little time in the jail. This assumption is wrong. People could be held for nine months before trial. Convicted women criminals could serve sentences of up to two years in the jail. Besides this, petty criminals were frequently re-arrested shortly after their release from jail. Such people serving could end up living in the jail, their lives punctuated by a few days or weeks of freedom before re-arrest.

## REVIEW OF THE THEORY

I developed my theory to explain criminal behavior and to provide a basis for analysis



of criminal rehabilitation. The theory is a synthesis of concepts about power, trauma and abuse, and the workings of our physical world.

I began with an analysis of power. I suggested that the study of crime is also the study of severe trauma and of abuse. My reasoning was as follows. Aggressive crimes and severe abuse rely on the great misuse of power over other people. Severe trauma predictably results from such misuses of power. To exert such power, there must be a great power differential between the aggressor and the victim. As the power differential increases, it becomes increasingly likely that the crimes, abuses and traumas will be very severe.

Therefore any system will promote crime, trauma and abuse in proportion to the power differential between those at the top and those at the bottom of its hierarchy. This means that totalitarian societies will tend to promote the worst crimes and abuses. Conversely, democracies, all of which rely on forms of power sharing, will tend to discourage crime and abuse. One way in which democracies do this is by exposing crimes and abuses which, earlier, had been concealed and denied.

Within democracies, totalitarian systems can exist and the jail appeared to be one. The senior administration had virtually complete power over inmates and employees. There was a huge power differential between the senior administrators and the people at the bottom of the jail's hierarchy. This latter group was largely made up of black, non-violent women inmates.

These women suffered particularly because the administration promoted and condoned their mistreatment in various ways. These and other abuses were kept secret from public review. The jail was a closed system. Its secrecy was part of its power.

I went from power differentials in society to concepts of physics and of trauma. It is important to remember that trauma and injury are the same. They are synonyms for a person's

damage from a traumatic event. The physical cause of the damage is the excess energy in the traumatic event. The event may deliver excess energy to a person - or it may drain excess energy from the person.

My theory reasoned that trauma has a physical basis. So to understand trauma and criminal behavior, we must return to the four basic concepts of physics. These four concepts reflect our best understanding of our physical world, so they are crucial to analyzing trauma. The four concepts are 1) order, 2) mass/energy, 3) space and 4) time.

These concepts can be applied to all trauma, whether physical or psychological. Trauma is a disruption of our inherent order, a disruption caused by excess energy. The effects of trauma are reversed when order is completely restored. But the trauma need not be visible to be serious or even fatal. It can occur at various levels - cellular, behavioral or gross anatomical. Obviously psychological trauma is disordered function of invisible psychological networks in the brain.

These concepts led me to suggest that psychological trauma is one kind of physical trauma. Indeed it is remarkably similar to the organ failure syndromes and could be considered to be one of them. The syndromes are common, severe traumas to invisible cellular networks. These syndromes are often fatal, despite successful surgical repair of all visible injuries.

My theory proposed that a very great deal of criminal behavior can be understood as the late effects of neglected, severe psychological trauma. (This is not to say that trauma is the only factor contributing to crime.) I suggested that criminals' complex and pervasively unsafe behaviors, including their crimes, reflected an extreme disorder of behavior. It made normal, safe behavior impossible. The most common origin of such traumas and resulting unsafe behavior would be extreme childhood abuse. Thus dealing with criminals would be the

same as dealing with people with multiple, severe complex traumas from abuse.

Such people face a difficult choice. If their behavior is unsafe, they may endanger themselves. Or they may endanger others. Or they may endanger themselves and others. If they do not want to die from repeatedly injuring and endangering themselves, then they must make other people the target of their dangerous behavior. If they do not do this, they become increasingly likely to die young from the cumulative effects of their self-destruction. I call this post-traumatic, destructive process the Death Spiral. When a severely injured person is in a Death Spiral, it means that that person and those around them are more and more likely over time to die young from trauma.

My theory challenged the truism that violence begets violence. Rather it suggests that trauma begets danger and danger begets trauma. It need not entail violence, and often does not. For instance, very young children can be prostituted by a highly traumatized criminal parent - a parent who destroys the child but who is never violent. Similarly the jail administration constantly psychologically endangered women inmates - but again this never involved violence on the part of the administrators. Indeed the ability to inflict severe trauma without violence suggests a huge power differential between the person in power and the victim of the power.

My theory posed certain questions of my data. Could the behavior of my fellow inmates in the DC jail be understood as the late outcome of severe childhood trauma? Could the jail's failure to rehabilitate them be understood as the result of the jail's traumatic environment? If so, what were the implications for criminal rehabilitation? The answers provided by the data are reviewed in the next two sections.

## REVIEW OF THE DATA:

## INMATES

My data strongly supported the theory that I had proposed for crime and trauma. My data from my fellow inmates, most but not all of whom were women, showed that the majority had suffered multiple, severe psychological traumas in early childhood. Most of these were from complex and severe childhood abuses.

Compared to abused jail employees - again most but not all of whom were women - the inmates' abusive experiences had been far more complex and more severe. Sixty-nine percent of inmates talked in casual conversation of childhood abuse so severe as to totally destroy all positive parental relationships. Thus not only did the abuse occur with loss of parental support - but it caused it. In contrast all employees who described childhood abuse also described an enduring, positive bond with their mothers.

The severity of an inmate's childhood experiences appeared to correlate with the number, variety and destructiveness of her later crimes. The association seemed strongest in criminals who were prostitutes or violent, somewhat less strong in those involved in drug crimes and least strong among those committing only 'money' crimes, eg shoplifting and embezzlement.

My data also supported the concept of the Death Spiral. No jail employees were recorded as dying from self-destructive behaviors. But 2.5% of inmates died each year from such behavior - and the true death rate was probably much higher since all of these deaths were learned of by chance. In addition, many of the most destructive inmates were HIV-III positive. Most inmates' behaviors could be understood as the effects of severe psychological trauma which trapped these people in a Death Spiral. Inmates' murders, their suicides, their attempted suicides, their self-destructive exposure to danger, their self-

destructive use of illegal drugs and their deliberate self-exposure to AIDS (a common form of slow suicide) could all be understood as different expressions of the Death Spiral. Those who did not want to die could only escape imminent death by aiming their dangerous behavior at others instead of themselves.

My data also supported my theory that safe behavior was nearly impossible for these people. On the cell block, left to themselves, three-fourths' of inmates' behaviors was spent in aggression, excessive control of others or self-endangerment. On the other hand, a quarter of the behavior reflected inmates' efforts to improve themselves. It revealed a profound neediness and dependency compared to the self-help efforts of jail employees. But it also revealed a base of residual, safe behavior on which criminal rehabilitation and trauma recovery could build.

My data also supported my view of trauma as disorder, which increased over time and which required energy to reverse. The inmates' behaviors were highly disorderly and created disorder in those around them. Enabling inmates to recover would obviously take both time and energy.

Following my fellow inmates' progress through time made sense of their crimes, their beliefs and behaviors. These appeared to be random and inexplicable if they were considered in isolation. When viewed over time, earlier traumas and later bizarre and apparently incomprehensible behaviors and beliefs could be understood. They were the result of cumulative, massive, neglected trauma. This was true of inmates' abusive parenting, their negative views of themselves, of men and of children, their self-destructive use of food, drugs and sex, their self-degradation and degradation of others, their often alternating extreme submission and extreme control of others and the number and variety of their crimes.

As for space, it also proved important to understanding inmates' behaviors. Space is

not a vacuum. It is packed with invisible relationships which are often more important than visible ones. Physical fractures destroy and distort many invisible relationships, both internal and external. The same happens with psychological trauma and the accompanying psychological 'fractures'. This means that one's internal and external space collapses. It can no longer support normal relationships.

Certainly this was clear on the cell block. For most inmates, trauma and traumatized behavior disrupted almost every external relationship, whether with people or with objects. This was summarized in the cell block mantra, "If you can't fuck it or eat it, smoke it." Extreme aggression or extreme submission were the basis of most interpersonal relationships. Objects as well as people tended to rapidly become instruments of trauma and abuse. For instance, a woman might hold a shampoo bottle and suddenly relate to it as an instrument of rape. She might talk to someone and suddenly relate to them as to a murderous abuser.

For these highly traumatized inmates, criminal rehabilitation would involve a complex process of reordering external and internal psychological relationships. Such a process would take time. It could begin, but would be unlikely to end while the inmate was in jail.

The centrality of trauma - not just psychological trauma - was also clear from my data. This supported my view that trauma is trauma, that physical and psychological trauma are a unity.

My data showed that physically and psychologically traumatized people shared the same criminal outcomes. As an example, all prostitutes had been very severely traumatized in childhood. Most of the time, the trauma resulted from abuse, a quarter of which included being prostituted by family members at an early age. The exception was a woman prostitute who had not suffered abuse, but severe brain trauma from a childhood car crash. Yet she and the abused prostitutes shared the same outcome.

But my data also showed that there is no clear dividing line between physically and psychologically traumatic events. Severe traumatic events have the potential to inflict both types of traumas. For instance, the brain injured woman had been severely psychologically as well as physically traumatized by her childhood car crash. And the abused prostitutes had survived childhood abuse but it had hugely physically endangered them.

Nor was there a boundary between the physical and the psychological consequences of abuse. "Seizures" were the most common medical problem on the cell block. These medical emergencies were not true seizures because they rarely involved loss of consciousness. They were in fact a woman's physical collapse while she relived an episode of extreme childhood abuse.

Similarly my data showed that there was no clear separation between physical and psychological aggression. Psychological aggression was part of a physical aggression process which developed over time. The endpoint was retreat of the aggressor or domination of the victim. Besides this, psychological aggression was an effective physical weapon. In physical fights, most winners used verbal assault to win. When both people in a fight used verbal assault, the fight was likely to end in a tie.

Language, the basis of much psychological aggression, was both a defensive and an offensive weapon. It had physical effects. Verbal assault seemed to have obvious visible, physical effects, i.e., pallor, confusion and retreat. The effects resembled being hit in the face. Language was used in various ways. The use of 'fuck' was more common but less powerful a verbal weapon than 'mutilation talk', which required greater language skill. 'Mutilation talk' was the non-obscene description of a person's mutilation and sexual degradation, eg by limb dismemberment, facial disfigurement and rape. Such talk led to physical flight of physically stronger people. For instance, it caused jail officers to flee a 'mutilation talking' inmate, even

when that inmate and all others were locked in their cells.

Further, my data showed that sexual aggression had a clear and very serious relationship to physical aggression. Sexual aggression only appeared when an aggressor felt able to win. It appeared to arise when an aggressor felt in such complete control of the situation that he, or she, could rape or kill the victim or could induce the victim to publicly rape herself or commit suicide. Thus sexual aggression indicated a huge power differential between the aggressor and the victim.

The lack of a boundary between the physical and the psychological was also evident in the use of humor. Like the sexual aggression, laughter and smiles were a sign of increasing power of the aggressor over the victim. Victims, as well as aggressors and witnesses, laughed and smiled during degrading physical, psychological and sexual attacks, including gang rape. Thus in an unsafe situation, the appearance of laughter and smiles was a danger signal, and not a sign of consent or pleasure. Understanding these behavioral effects of trauma is vital to understanding crime.

My theory had also argued that four factors determine a person's ability to recover from severe trauma. The first factor is the number of traumas and the severity of each one. As shown above, in criminals, these traumas were many and severe. The second factor is the person's ability to strengthen residual, uninjured areas. Again, as mentioned above, my data showed that even severely damaged inmates had residual, non-destructive behaviors.

The third factor was the strength gained by spontaneous healing of trauma and the fourth was the strength gained by trauma care, which restores order to injuries which can not spontaneously heal.

Given the principles of trauma care and the likely physical basis of psychological trauma - that is, cellular deoxygenation - I argued that spontaneous psychological healing can



not begin until the person is safe. My data supported this. Inmates showed little or no sustained, spontaneous recovery in the jail, which was not a safe place. And no inmate had had adequate psychological trauma care although many had had excellent care of massive physical traumas.

Indeed the speed of care can explain why people recover better and faster from severe physical trauma than from severe psychological trauma. Criminal rehabilitation can be seen as the initial, residential care of very severe and neglected psychological traumas dating back to childhood. Faster protection of abused children and earlier care of complex psychological traumas should decrease the need for rehabilitation of adult criminals.

But trauma recovery requires the active participation of the injured person. It is a painful, prolonged process, and not a passive one. Many criminals will choose not to recover psychologically, because they have found that they can survive with less effort by endangering other people. My data supported the view that injuring other people remains a personal choice, regardless of the severity of a person's trauma.

For instance, most violent, murderous women and most prostitutes were massively psychologically traumatized by childhood abuses. The prostitutes had chosen self-destruction. The violent women had chosen to destroy others.

These choices could change over time. In one case, after committing premeditated murder, a woman abandoned violence and became a drug-addicted prostitute, deliberately using her way of life to slowly commit suicide. In another case, a prostitute decided she did not want to die and became a drug dealer instead. Other prostitutes who decided to survive turned to prostituting their children or their lovers, instead of themselves.

But my data suggested that injuring other people made these women amnesic for their own prior victimization. When re-victimized, women were often flooded with memories of

their earlier childhood abuse. Thus criminals who survive at the expense of others are likely to refuse trauma care because recovery is painful and hurting other people is not. The motivation to recover would arise if the person were prevented from hurting other people. They would then have to choose between recovery or self-destruction.

The women inmates' most obvious, most destructive behavior was hypersexuality. This was seen when they were destroying themselves and attacking others. Bizarre hypersexualized behavior was so common that the cell block appeared to hemorrhage sexuality in response to a multitude of minor triggers. Some were explicitly sexual triggers, such as the extremely sexually violent music piped into the cell block for eighteen hours of every day. But some triggers were as sexually neutral as the grating sound of an opening cell gate or the use of the word 'open'.

The sexually disturbed behavior was also obviously very dissociative. Interestingly, my data did not suggest that dissociation is more common in criminals than in jail employees. Some employees had been severely abused as children and were highly dissociative and highly abusive. Seven percent of employees and of inmates had obvious dissociative behavior.

On the other hand, inmates' dissociation and their associated behaviors were clearly more severe, more frequent more easily triggered and more fragmented. Inmates dissociated constantly. Their dissociative switches were so frequent and rapid that they gave a flickering quality to many women's behaviors. They also suggested that many women suffered a chronic civil war between fragments of personalities. In contrast, employees who dissociated did so less often, less easily and their dissociative states were more stable. This supported the view of dissociation as the 'fracture' common to all psychological trauma. But it also supported the view that these fractures varied in the number, size and stability of the personality fragments.

Severe dissociation was obviously associated with destructive behavior. In response to an apparently neutral trigger, some women inmates would rape themselves with objects while maintaining complex conversations with themselves as victim, aggressor and witness.

Male inmates appeared no less sexually traumatized than the female ones. The sight of a woman could trigger entire groups of male inmates into simultaneous verbal sexual assaults and attempted physical sexual assault of the woman. But whereas female inmates were usually sexually self-destructive, male inmates were usually sexually destructive of the women. They were allowed and encouraged to be so by the rules established by the senior jail administration.

When women were sexually assaultive, they closely resembled sexually aggressive men. These women often spoke of themselves as men or justified male aggression against women and children. These women's behaviors included rape, gang rape, extreme verbal sexual degradation and psychological coercion of self-destructive women into public, sexual self-degradation.

The severity of inmates' sexual traumas clearly affected their beliefs about sex, children and gender. The few male inmates whose views were recorded believed that extreme sexual aggression against women was a man's right. Most women inmates saw extreme male aggression against women and children as a hated norm. This was reflected in the cell block truism, "For a woman, a man is Death Island." These women inmates also shared male aggressors' beliefs that women and children were guilty, worthless sexual tools. Some women inmates so identified with male aggressors that they promoted and condoned male rape of women and children.

In contrast, most male and female employees saw rape and physical abuse of women and children by men as a major social problem. They condemned the legal system's failure

to control it. Many of these employees' beliefs arose from their own experience of abuse which was nevertheless less severe than that of most inmates.

Inmates' parenting was also damaged in proportion to their trauma. Almost a fifth of women inmates' children died before or soon after birth, all in ways related to the mother or child's childhood abuse. Of the surviving children, over a half were abandoned by their mothers to known abusers. Half of the mothers who kept their children talked openly of grossly endangering or abusing them. For most women inmates, the chief family bond was not to her children but to a violent man who severely abused her.

In contrast, fewer officers had abandoned their children, none willingly. Like the small number of adequate inmate parents, many officers struggled to raise their children and their chief family bond was to their children.

Thus in every way in which I could study it, my data supported the view that inmates were massively psychologically traumatized and that the traumas originated in their severe childhood abuse. The effect was to make their behavior unsafe in so many ways that safe behavior was no longer possible. How did the administration manage these severely injured people?

## REVIEW OF THE DATA:

### ADMINISTRATION

For my theory to be valid, the jail's failure as a rehabilitative institution would have to stem from its poor management of psychological trauma. At the least, this would mean that the jail was so unsafe that spontaneous psychological recovery could not begin.

The jail was safer than most criminal streets. Although it was not recorded in my diary, some drug addicts and prostitutes did prefer the relative safety of the jail compared to

the dangers of criminal street life. And women inmates' behavior often did improve, becoming calmer after a few days in jail.

In addition, the jail had good control of over-crowding and of weapons, such as guns. This was the result of Federal court orders, imposed on the administration.

But the jail was not safe enough to lead to any spontaneous, sustained improvement in the inmates. And the extreme dissociation among the inmates suggested that to succeed the jail would have to be very much safer than it was. Otherwise jail experiences themselves were likely to be dissociated on release.

But most important of all, the administration clearly promoted both crime and trauma in a variety of ways. Wherever I looked, my data showed that the physical and psychological hazards of the jail were common, severe and arose from deliberate administrative policies. These condoned and promoted the misuse of power over the weak. This applied to all inmates but it particularly promoted the mistreatment of women inmates. These policies were what made the jail a dangerous place.

To start with, there were major racial conflicts in the jail. The administration had no programs to improve racial self-esteem in minorities or to control racial abuse in the jail.

Next, the physical environment was so poor as to endanger the health of employees and of inmates. Many improvements were simple, obvious and urgently needed. The administration made none of them.

Similarly, the administration would not supervise its employees. This allowed employees to behave in ways that made inmates unsafe. My data showed that poor supervision enabled two-thirds of officers to spend their time neglecting their jobs, abusing inmates or using drugs. Moreover the administration allowed inmates no legitimate cell block occupation other than watching commercial TV. Inmates working off the cell block were so

poorly supervised that they were a major conduit for drugs onto the cell blocks.

Besides this, the administration actively promoted the sexual harassment and mistreatment of women inmates. This was done in many ways. Sexually violent music was piped into all cell blocks for eighteen hours a day. Male inmates and officers (guards) had access to female cell blocks, where they sexually harassed women while they showered and dressed. The administration kept women confined to their cell blocks, even though most of them were not violent. The administration gave the mostly violent male inmates free movement around the jail. In the same vein, the administration issued women inmates with jumpsuits whose snaps and buttons were torn off, so that women's breasts and groins were exposed. The administration refused to issue women with needle, thread and buttons to repair their clothes. It also denied women basic supplies, such as sanitary pads and toilet paper. It tolerated a variety of sexual assaults of female inmates. Complaints by women inmates and by male and female employees were either ignored or rejected on the grounds that the male inmates 'needed' this environment. The effect was to degrade the working as well as the living conditions of the jail, particularly for women. Research in child sexual abuse is highly relevant to understanding these administrative decisions.

Child sexual abuse is associated with altered behavior (Conte and Schuerman, 1987) and with psychological disturbance (Lanktree, et.al,1991). Misuse of power and betrayal are central to such abuse (Conte,1984). Perpetrators of abuse deliberately target the most vulnerable and they also recognize that what they do is coercive (Conte, Wolf and Smith,1989). To the victims, the abuse involves three processes - sexualization of a relationship, excusing and justifying the sexual contact and ensuring the victim's 'cooperation' by threats, intimidation and exploitation (Berliner and Conte, 1990). The sexualized administration of the jail recreated all of these elements of childhood sexual abuse.

The administration was physically and psychologically abusive in other ways as well. It tolerated the psychological abuse of women officers by their supervisors. It refused the reasonable requests of single parent/employees. It was also hostile to children. There was no system of reasonable, regular contact of inmate parents with their children. And there was no attempt to control the open abuse of children by some visitors in the visiting hall.

Further, the administration appeared to deliberately psychologically destabilize inmates and cell block officers. This was done by cell shakedowns, during which supervised officers seized, trampled and destroyed legitimate inmate possessions. This was accompanied by harassment, threats and intimidation.

Further, the administration put women inmates in prolonged solitary confinement for possession of minor items such as chewing gum. The timing of these events correlated with drug-related events in the jail. These very strongly suggested that the shakedowns and solitary confinements were intended to conceal widespread in-jail drug sales by certain jail employees and inmates involved in organized crime.

The administration also appeared to conceal the widespread physical and psychological brutality in the jail by keeping medical care poor.

The brutality included frequent beatings of shackled and manacled male inmates. It included abusive employees urging suicidal inmates to kill themselves. At times these reports were suppressed by the administration. But the poor medical care ensured that there was rarely an independent record of brutality, so it could not be used to challenge the administrative rejection of virtually all inmate complaints. Indeed, at least 86% of the time, medical care was denied outright, abusive or unacceptably poor.

The administration similarly tolerated psychological abuse of inmates by certain religious personnel. This included extreme verbal abuse of inmates and the induction of

dissociative states in aggressive inmates who were then encouraged to terrorize others.

In brief, unwittingly or not, the senior jail administration fostered abuse, crime and trauma in many different ways.

At least some of this was deliberate. There were multiple complaints to senior administration by employees and by inmates. The administration might discuss the problems, but did not correct them. All of the problems were caused by and correctable by senior administrative rulings. The refusal to improve was not limited to one administration. The administration changed three times in 25 months, but the pattern persisted.

Many employees suffered almost as much as the inmates from the jail's management. Therefore it could not be argued that the abusive conditions were a reasonable, if misguided, attempt to dissuade inmates from crime. First, the example set by the administration was one of secrecy, brutality and rule-breaking. It could only condone and promote crime.

Second, from a practical point of view, the effect was obvious. It did not dissuade inmates from crime. Rather it dissuaded law-abiding employees from coming to work. Whereas inmates regularly returned to jail, the jail employees had a very high no-show rate for work. Thus the traumatic jail conditions appeared to be a familiar way of life to the traumatized criminals, but an intolerable one for non-criminals. All other considerations aside, one could argue that a relentlessly safe jail would probably be so alien to traumatized criminals that it would strongly deter crime. It would also promote recovery from psychological trauma.

Central to the jail's failure was its use of power to mistreat the weak. My data on prostitutes suggested that in their mistreatment, the jail was following the example often set by the legal system itself.

All prostitutes were massively traumatized, vulnerable and self-destructive. They were



rarely dangerous. Yet they alone of all criminals, by law, faced mandatory jail sentences. Murderers and rapists did not. Prostitutes - like all petty criminals facing a sentence of six months or less - were not entitled to a trial by jury. Murderers and rapists did have such rights. And when the prostitutes went to jail, their children were in danger of being prostituted by the mothers' pimps. The city's high rate of incarceration of adult prostitutes may well explain the widespread street prostitution of children.

The jail was not responsible for these twists of 'justice', in which the most dangerous criminals are entitled to the most consideration. On the other hand, the jail followed this example. Once in jail, prostitutes were classified as Class 8 Felons, i.e., violent sex criminals. This enabled officials to deceive the public by claiming that the city's rapists were being jailed in large numbers. Thus the legal and jail systems worked in concert in ways that, deliberately or not, exploited vulnerable women and children, fooled the public and protected rapists.

The legal system promoted crime in other ways as well. It was unofficially accepted that the police frequently arrested known, petty criminals who were not, at the time, engaged in criminal activity. It was officially accepted that felony prisoners had more rights in prison than detainees had in jail. In brief, the system made the lesser criminal and the accused much less powerful than the convicted felon. For justice, neither group should have preferential treatment. Since the non-violent petty criminals were disproportionately women, there seemed to be a profound gender bias at the heart of legal/jail system dysfunction.

This protection of the felon is justified on the grounds that felons face a greater loss of liberty. The justification is a myth. In Washington, DC a felony sentence of six years makes the criminal eligible for parole in two years. Many petty criminals had spent much more time in jail because of their repeated detentions and re-arrests. Pre-trial detention alone

could last for nine months. What happens at the moment is analagous to the unfairness in a dysfunctional family - the violent get the most.

But my data on the legal system's sentencing of criminals showed a more complex bias than gender alone. The system protected the violent over the non-violent, men over women, whites over blacks and adults over children. For instance, murder of a daughter was treated lightly. And when black women embezzlers were compared to white ones, the black women received sentences 83 times longer per embezzled dollar. The multiple biases were obvious and demoralizing to jail employees and inmates who were black, non-violent or female. Yet the system had come to rationalize its faults by portraying criminal prosecution as a 'game'.

The legal system also promoted dishonesty. My data showed that employees of the court and jail together accounted for over half the denial and dishonesty. Inmates were correct that 'the legal system lies more than we do.'

Overall my data from inside the system showed that it put pressure on criminals to become more criminal and more violent. "The worse the crime, the less the time" was a justified complaint of the petty criminal. Whatever the intention, rehabilitation of the criminal was a myth. The system was fostering, not correcting, trauma and crime.

I suggested that the best way to understand the system's failings is as a family. The jail can be understood as a foster home whose dysfunctions permit abuse to occur unchecked. By court order, this 'foster home' is given massively abused, traumatized 'children' to care for. It is also given inadequate training in the problems it is dealing with. It is overwhelmed. The administration, the head of the family, sets down rules that promote abuse and encourages, rather than controls it.

This is an regrettable conclusion for a well-intentioned system. Is it reliable? In the next and final chapter, I consider the reliability of my data and the conclusions which one can

draw from the theory and the data combined.

## CHAPTER TWENTY-THREE

### RELIABILITY OF THE DATA AND IMPLICATIONS FOR CRIMINAL REHABILITATION

#### RELIABILITY OF THE DATA

The conclusion of the previous chapter was that the jail inmates were massively traumatized by prior abuse and that the jail administration functioned as a foster family that continued to abuse the inmates. The conclusion is based on my theory and the data. The data can be challenged because they do not come from a prospective, double-blind, well-defined study. It is not possible to assess the statistical significance of each finding. The numbers in some areas are small. In others the data are descriptive, not numerical. The findings can be discredited on the speculative grounds that my case made me so biased against the legal and jail systems that I only recorded events which showed them in a poor light.

On the other hand, by collecting the data first, and asking questions later, I avoided other problems such as asking framing questions whose biases would have excluded relevant data. Had I asked a question at the start and then collected data to answer it, it would probably have been "What type of therapy is best for abused criminals in jail?" As I will later discuss, my data convinced me that therapy is not appropriate for incarcerated criminals who endanger others, physically or psychologically.

My data exposed important relationships that a narrower study would have missed. For instance, a researcher into the quality of medical care at the jail would not have had access

to the private conversations of brutal officers - conversations which showed that poor medical care was necessary in order to keep secret the brutality in the jail.

When I examined the data about myself I found no particular bias. My medical care was no better or worse than my fellow inmates'. My strip searches were equally divided among those that were properly done, those that were not done and those that were abusive.

Finally I suggest that having married a Federal judge, having a brother and two sisters-in-law who are lawyers and having no criminal record, my biases are very likely to be for and not against the legal criminal system. The stand I took in my own case involved civil - not criminal - matters.

External and internal evidence suggests that my data are reliable and my conclusions moderate. For instance, according to my small sample of jailed men, 70% were jailed for violence. The Chief Administrator independently provided the same figure.

Similarly the jail administration's 1987 study yielded the same results as my data on women inmates who abandoned their children. Moreover although my data showed a very high rate of very severe, very early incest among female inmates, two chaplains insisted that the real figure was much higher and that it was valid for male, as well as female, inmates.

In addition, the data are internally consistent and they make sense of the system's failures.

External evidence also shows my data to be reliable and understated. Although my informally collected data showed a 7% incidence of extreme dissociation in officers and inmates, a study of juvenile offenders reported much higher rates. (Burton, Foy, Bwanausi, Johnson and Moore,1994). Other studies of other legal systems also show that the law and the government often cause or greatly contribute to problems which they seek to solve and which they blame on other people (Cockburn and Cockburn,1991) (De Kiewiet,1957).

Perhaps the greatest criticism of my data is that it is irreproducible, except by me. As a long-term, non-criminal inmate, I had unique access to the inner life of the DC jail. The law that freed me has expired and the judge who jailed me remains in charge of my daughter's case. Nothing has changed. I could easily return to Washington, DC and be indefinitely jailed again. But I do not plan to do this, nor need I. The years I spent there and my data's internal and external consistency give the data validity. My recent correspondence and conversations with legal professionals suggest that just as the passage of time has changed nothing in my case, it has changed little or nothing in the jail.

On the other hand, it is important to recognize that poverty, racial discrimination, poor education and poor opportunities also contribute to crime. Trauma is not the only factor. And when poverty and severe psychological trauma co-exist, it may be the poverty that leads to crime. For instance, an impoverished single mother had been orphaned, abused in orphanages and had later become a drug addict. She had recovered from her addiction and had begun training as a nurse. She was not paid enough to support herself and her infant, after her husband abandoned them. She was arrested and jailed for ten days because she stole baby food and baby socks for her infant in winter.

In other cases, poverty and psychological trauma can work together. In one such case, a highly aggressive survivor of childhood abuse had had prior arrests for violence. She was employed as a construction worker, but when the project ended and her lesbian lover left her, she met a man in a bar and became pregnant by him. Rightly recognizing that she was unfit to be a parent, psychologically unable to carry the baby to term and unable to legally earn the money for an abortion, she sold marijuana to pay for an abortion. She was arrested, jailed for 18 months and got a free abortion in jail. She was understandably bitter.

Economics may particularly promote crime among poor mothers since they are

economically disadvantaged both as women and as mothers. American welfare programs provide a mother and child with only half the money they need to survive (Foster,1994).

Further, my data suggest that perhaps 15% of my fellow women inmates were slightly mentally handicapped and had turned to crime to support themselves. None of the women in this group had been able to work.

Finally, being jailed for more than a few weeks tends to render people destitute. Many women lost their apartments and all their possessions - and often their husbands and children - while they were in jail. Without supportive family and friends, they returned to crime perforce. This destitution is not the fault of the criminal inmate. It is the result of being taken out of society. Had I not had loyal family and friends, I would have been equally destitute on my release.

Nevertheless, without trauma, too much goes unexplained. The jail employees had suffered the same economic, racial and educational disadvantages of the jail inmates. Many of the inmates were related to jail employees and many, perhaps most, had grown up in the same neighborhoods. Many inmates described being raised in wealthy homes. Indeed wealth seemed as much related to crime as poverty. Organized crime families were very wealthy, appeared to be particularly abusive and their children were used in crime from an early age.

Similarly, many inmates were well-educated and others had abandoned legal jobs, feeling compelled by self-destructive urges into self-destructive crime. Many inmates specifically described how their severe abuse at home drove them into crime. Most inmates recognized that their psychological disturbance, not economics, kept them locked inescapably in crime, despite their efforts to escape. And for many inmates reading a simple book about childhood abuse (Gil,1983) made their lives suddenly comprehensible. The inescapable conclusion was that an understanding of severe child abuse and its late effects was necessary

for understanding a great many criminals and their rehabilitation.

### DISCUSSION OF THE THEORY, THE DATA AND CRIMINAL REHABILITATION

For severely injured trauma survivors, the injustice that began in childhood, usually with abuse, was perpetuated by the legal system. Because gender was important in this injustice, the problem would not have been so apparent in an all-male institution. My data, being that of women in a male and female jail, reveal problems that might not have been as apparent in a single-gender institution. It was to the city's credit that it had combined its jails, which in the past were segregated by gender. This step towards equality made the system's other failures apparent.

The abuse of power by jail administrators and by the legal system itself was obvious to inmates and jail employees alike. It was demoralizing and led to a profound disrespect for the law. It led many non-abusive employees to openly support inmates, especially the non-violent ones. The injustice done to inmates, to blacks, to women and to children was the topic of many conversations between inmates and employees. Based on their own experiences of the system's injustice, many conscientious employees broke jail rules to help inmates in a covert protest against an unjust system. This rebellion interacted with the system's neglect and abuse to create chaos in the DC jail.

To outsiders, this chaos seemed to be the jail's major problem. It was only a symptom. The rebellion was reasonable and made life more tolerable for non-abusive employees and inmates alike. Indeed, had it not been for this rebellion, I would have been restricted to eight books a month. As it was, non-abusive employees' refusal to enforce the book rule enabled me to provide my fellow inmates as well as myself with something better to do than watch



daytime TV. Abusive employees cited the rules in their efforts to seize and destroy these books.

It is most improbable that the jail could be improved by making it a more closed, more rigid system. This would only suppress the reasonable rebellion within the system and make matters worse. What was needed was control of the abuse and dysfunction in the jail family - along with restoration of healthy order. Certainly the extreme rigidity and isolation of the newer Federal prisons (Franchetti,1994) has the potential for more and worse abuse - and hence greater promotion of serious crime - than the chaos of the DC jail.

Within the jail, the disrespect for the law seemed quite justified. There was widespread outrage that the worst criminals were the ones who were always treated best - at every level. Since the city's majority was black, many of these criminals were black and so the black community - not the white one - suffered most. The anger about this was reflected in the comments of an indignant male officer who asked if I was 'another bleeding heart white who wants to put black rapists back in the black community.'

The problem was seen in the system's assiduous pursuit of the non-violent criminals. It was a perverse refusal to deal with the most violent ones. This was best illustrated by the Mayor's prosecution for drug use. His drug use was well-known within the jail long before the Mayor was arrested. To outsiders, it seemed a disgrace that a Mayor should be a criminal. From within the jail, this seemed too superficial an analysis and his prosecution was seen as persecution. The Mayor, like many of the black women criminals in the jail, was not accused of hurting anyone other than himself. Arresting him - and other self-destructive criminals - made these people the 'public enemy' in the 'war on crime.' It kept the spotlight off the dangerous felons.

This is not to suggest that self-destructive crimes should be legalized. Nor do such

crimes harm only oneself. Drug-using parents harm children in many different ways (Fontana and Moolman,1991). But the enthusiastic pursuit of the self-destructive criminals combined with the enthusiastic protection of the freedom and rights of the violent ones was more than absurd. It promoted the worst crimes. Worse, it had been going on for years in various parts of the country.

Thirty years ago, in the 1960s, F.B.I. Director J. Edgar Hoover complained that repeat killers were being repeatedly released (Hoover, 1965). James Bennet, a prison director, complained that most of the people behind bars were petty, non-violent criminals (Bennett, 1965). The President's Commission on Law Enforcement recommended that drug addicts should not be criminally committed (Report of the President's Commission on Law Enforcement, 1968).

At least in Washington, DC, the suggested changes have not been made. The reason seems to be that the system's power differential between the weak and the strong is still too great. From their pinnacle, the people at the top can not see the needs of the weaker criminal. They become unimportant while the needs of the strong, violent criminal remain urgent and visible.

This seemed implicit in a speech given by a US Supreme Court Justice in 1968. He compared US judges to gods. He did not recognize the existence of women, children and blacks. To him, 'Americans' were a 'white brethren' (Whittaker,1968). When the weak are not visible to those at the top, the strong - including the strong criminal - will be favored. And the strongest criminals will be largely composed of the most violent, most exploitive men. It is the preferential treatment of this group, white or black, that needs to stop for criminal rehabilitation to begin.

The problem is not limited to criminal rehabilitation. Discrimination against women

within the legal system is severe and well-documented (Eich,1986) but it reflects a general problem. Women - especially black women - can not get educated or trained enough to get the jobs that men do (Harlan and Steinberg,1989). Women's bodies are still widely controlled by men (Wolf, 1991).

Children are in an even worse position. Child labor makes up 25% of the paid labor force in agriculture (Fyfe,1989). Child pornography and prostitution are a lucrative national industry (Campagna,1985) and drug-using street children and child prostitutes are not protected (Sereny,1984). To some extent, the jail merely mirrored these problems.

On the other hand, the jail administration perpetuated these social problems in the jail. Being responsible for this, it was unlikely to agree to change (Bobocet and Meyer,1994). As in any abusive family, the most abusive would be the most resistant to change, since it would diminish their power.

The changes that were needed were fundamentally simple. The jail had the shared characteristics of a pathological family: 1) abuse of power; 2) fear of authority; 3) isolation; 4) denial; 5) lack of empathy; 6) poor communication; 7) inadequate controls and limits; 8) blurred boundaries; 9) extreme emotional deprivation and neediness; and finally, 10) magical expectations (Sgroi,1982) - including the expectation that abuse would make criminals less abusive.

Anything that diminished these characteristics would promote rehabilitation. It would also promote trauma recovery by re-ordering of the severely injured inmates' damaged relationships with people (Auerhahn, Laub and Peskin,1993).

The first obvious step would be firing brutal officers and confining threatening and dangerous inmates to their cell blocks and cells. Such changes would require outside handling of complaints of abuse. These alone would significantly diminish the abuse of power, fear of

authority, isolation and inadequate controls in the jail. It would also limit one of the administration's great powers - its secrecy. The recent lawsuits filed by women inmates against the jail are the first step in breaking down the secrecy. But in the long run, a more efficient public review is needed to control the abuse.

A multitude of other specific changes were also obviously needed. In Appendix A, I list the jail's problems in the order in which they appear in this thesis. They are all different aspects of the jail's neglect and abuse of its majority of inmates and employees, by an abusive, neglectful minority. Correcting each of these problems would be part of building a physically and psychologically healthy jail where control of crime and abuse, and the onset of recovery from trauma, could simultaneously occur.

Trauma recovery of course goes beyond a safe environment. Safety is the first principle of trauma care. The next steps involve specific injuries, such as dissociation and control of specific behaviors. The goal is to develop the skill to make reasonable, safe choices based on the present situation, rather than on past, unresolved memories and emotions. It requires having good models of healthy behavior and having at least one functioning adult ally (Sgroi, 1982). Most of this could be provided in a safe jail, by having self-help books and videos, supportive jail employees and reasonable choices of safe behavior for inmates. More could be provided by therapy programs in jail aimed at changing specific, dangerous behaviors.

What about therapy for dangerous criminals' prior childhood traumas? Most of these people will be in prisons, not in jails. But certainly in the DC jail some of such women<sup>were</sup> jailed for long times. Many highly destructive and sadistic criminals have in fact been very massively traumatized in childhood. But my findings show that many will not want to change or will be very reluctant to do so. Such people have good reasons to not change -for them,

crime works. The system in various ways treats them preferentially. And inside and outside the jail, they promote their own survival by focussing their unsafe behavior on other people.

Such people clearly need therapy that focusses not only on control of the unsafe behavior but on diminishing the strength, including the pleasure and self-importance, which they derive from it. In prisons, various therapies which appear to be quite effective decrease the number and severity of such crimes, particularly sex offenses, after release (Salter, 1988; Hollin and Howels, 1991).

On the other hand, my data suggest that some destructive people will want to change of their own volition. My data suggest that choosing to hurt others in order to survive one's own traumas is a personal choice and not the inevitable outcome of massive trauma. But it is a very poor choice. Many criminals, in my experience, had never clearly decided which they preferred. Such people will be simultaneously highly self-destructive as well as dangerous to others. A safe jail provides these criminals with a third possibility - that is, recovery. A number of them will choose arduous recovery over destruction of themselves or of others. Of those few criminals whom I knew who had struggled to recovery on their own, despite the jail, the choice to not destroy others was a personal commitment that clearly preceded the onset of recovery.

What about largely self-destructive criminals? As I have shown, it is unfair to house prostitutes and drug users in jail, when violent criminals are being released. The jail in fact was closed for over-crowding in 1988, to a great extent because up to 80 new women inmates were being jailed each night, mostly for prostitution and drug use. There would be adequate room for the dangerous if self-destructive criminals were excluded from the jail.

But to exclude these self-destructive criminals from the criminal system is to abandon them. This is also unfair and it promotes crime. These criminals supply much of the lower

level workforce that supports organized crime. To abandon them would be to treat them worse than worse criminals. These self-destructive criminals need a better choice. It is obvious - the development, in the jail or elsewhere, of separate short-stay units to treat their self-destructive behaviors. These units would need to provide continuing support to the criminal and her family after release. They would need to offer practical help and foster self-sufficiency in preference to office-based therapy which itself tends to become a closed system of denial and isolation (Sgroi,1982).

Such facilities would be more productive, less expensive and less unjust than the present prolonged and repeated incarceration of the self-destructive criminal. Because street prostitutes are the weakest, most injured criminal group and have particularly vulnerable children, they should be specifically selected for such facilities.

Another problem will arise if the jail changes along the lines I have suggested above. The criminals will be getting, for free, help that law-abiding employees can not get<sup>10</sup>. Many jail employees were themselves survivors of childhood abuse. They also face struggles - in dealing with their past abuse, with racial and gender discrimination, with their problems as single parents and with legal and illegal addictions. My data showed that like the inmates, employees had difficulty solving problems. They resorted to denial or aggression, as they had little experience in finding direct, effective, non-aggressive solutions. For fairness, jail employees obviously needed support programs to help them deal with their past abuse (if any), discrimination, parenting and addictions. They also needed regular in-service training programs to equip them to deal effectively with the sequelae of severe psychological trauma

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<sup>10</sup>In this thesis, I can not deal with this problem as it applies to all society. However I suggest that victims of crime should routinely be offered at least as much help as the people who hurt them.

in the inmates. Otherwise they will be disadvantaged compared to the inmates. They will rebel against this and in doing so will be unable to provide the modeling of healthy behavior that inmates need.

Finally, what about the children of inmates? Protecting the vulnerable is crucial to trauma recovery. One of the jail's dysfunctions was its lack of interest in the needs of inmates' children, whether born in jail or forcibly abandoned when their caretakers were jailed. The jail clearly needed a program for these children, ideally both a clinic and residential unit. It could provide inmate/caretakers with parenting education. It could offer their children practical and psychological support. It could also evaluate and protect those children who were abused. There are various models for such a unit, for instance The Children's Center of Salt Lake City, which has clinic and residential centers for injured children (Plenk,1993).

In summary, my theory and my data suggest that attempts to understand and to control crime and to improve criminal rehabilitation will fail if they are studied in a vacuum. They are one aspect of the study of psychological trauma and its recovery. My data made it clear that severe, early childhood abuse and comparably severe early childhood events were the cornerstone of much of the worst adult criminal behavior. So criminal rehabilitation needs to be integrated with the rediscovery of the importance of child abuse and its relationship to power in our society (Herman,1992; Koss, Goodman, Browne, Fitzgerald, Keita and Russo,1994; MacFarlane, Waterman, Conerly, Damon, Durfee and Long, 1986.)

In Washington, DC, the jail's failures can be traced to its administration which promoted the very problems that had led inmates into crime. The jail as a whole made sense as a dysfunctional, abusive foster family. It could not improve in isolation. Like any abusive family, it needed outside intervention to stop abuse and the secrecy which permitted it.

Superficially, the jail and its inmates appear hopelessly chaotic. From the inside their

problems are many, but simple to address. They can be understood and analyzed by integrating basic concepts from several different disciplines.

The first of these is the concept of the power differential between different people and between different social groups. Next come four concepts from physics - those of order, mass/energy, space and time. Next come the concept of trauma as a unity - physical and psychological trauma being fundamentally the same. They are merely different types of one process. Next, come the four principles of all trauma care: safety, detection of traumas, restoration of order and speed. Finally there is the concept of the Death Spiral - people with severe, neglected traumas whose only choices are death or making others the target of their unsafe behavior.

Fortunately, progress in trauma has also shown that trauma is a reversible process. Self-destructive criminals have a strong motivation to recover, and should be offered practical trauma therapy, in a special short-stay unit which continues to help them and their families after their release. Criminals who are unsafe towards themselves and others may also find that recovery is their best choice. As for criminals committed to dangerous and exploitive behavior, therapy focussed on the needs of victims and control of behavior can be effective. But before anything else, the most important step is to resolutely enforce an in-jail life of physical and psychological safety for inmates and employees. It is in fact the application of the first principle of trauma care. Without it, recovery from any severe trauma can not begin.



## APPENDIX A:

## SPECIFIC PROBLEMS AT THE DC JAIL

## AS THEY APPEAR CHRONOLOGICALLY

## Chapter Six: Social Context

1. Employment of male reform school supervisors who routinely molest adolescent girl residents.
2. Racial and gender bias in the prosecution and sentencing of accused criminals.
3. Lenient sentencing of aggressive crimes against the weak, especially those against women and girls. Harsh sentencing of women's vigilante justice against violent men.
4. Aggressive prosecution and sentencing of crimes of self-destruction, e.g. soliciting and drug use. Lenient prosecution and sentencing of crimes of aggression.
5. Aggressive prosecution of prostitutes but not of brothel owners or male pimps.
6. Increasingly lenient prosecution and sentencing of aggressive criminals as the vulnerability of their victim rises, e.g. by age, gender, handicap, race and family relationship with the aggressor.
7. Detention and sentencing of safe, adequate, often single, parents, without regard to the needs of the parent's children.
8. Detention and sentencing of prostitutes with children, thereby giving pimps access to the children, to prostitute them.
9. Lack of weekly statistics about accused criminals, comparing those jailed to those who are not jailed, by race, crime and gender.
10. Mandatory sentencing of prostitutes, but not of rapists and physically violent and murderous men.

## Chapter Seven: Jail Organization and Race Relations

1. Use of a military approach to inmates, which puts them in the position of dehumanized, foreign and enemy, prisoners of war.
2. Lack of any reasonable choices for inmates.

3. Treating petty criminals worse than felons, by the effects of the petty criminals' cumulative minor charges, repeated detentions and unpredictable sentences. Provision by law of better conditions to convicted felons in prison, compared to misdemeanants and unconvicted detainees in jail.
4. Lack of self-help and educational books, videos and writing materials on cell blocks.
5. Tolerance of poor race relations, racial abuse and humor that degrades people of other races.
6. Lack of reasonable choices for cell block officers to improve cell block management.
7. Lack of outside supervision and review of any aspect of the jail, except by people already in the system.
8. Classification of prostitutes as rapists to deceive the public about the poor arrest rates for rapists.

#### Chapter Eight: Physical Environment

1. Giving male inmates and officers access to female cell blocks to sexually harass and intimidate female inmates.
2. Giving male, but not female, inmates 'modesty' glass around showers.
3. Not permitting female inmates to have bathrobes.
4. Giving mostly violent male inmates the freedom of the jail while restricting mostly non-violent female inmates to their cell blocks, most of which are half-size blocks.
5. Tolerance of threatening and verbally violent inmates and officers.
6. Denial of adequate outdoor exercise to female inmates.
7. Allowing officers to sleep at work, to shoot up illegal drugs at work and to remain on the job while using illegal drugs.
8. Selling candy and tobacco on the canteen, but refusing to sell dental floss, sugarless gum, low sugar snack foods or adequate toothbrushes.
9. Failure to provide adequate sanitary pads to female inmates and seizure of sanitary pads from menstruating female inmates.
10. Failure to provide inmates with clean jumpsuits or ways to launder dirty ones.
11. Denial of privacy to female inmates when using the toilet, dressing and exercising.

12. Assigning in-jail jobs to inmates according to their gender, rather than by their ability and their safe behavior.
13. Confinement of sick female inmates to a publicly exposed, five cell infirmary block.
14. Piping loud, violent, sexual music into all cell blocks sixteen hours a day.
15. Failure to repair and maintain supplies and major equipment, including those for emergency evacuation.
16. Deliberate, chronic, severe sleep deprivation of inmates.
17. Inadequate library and copying facilities for inmates.
18. Tolerance of officers and inmates who psychologically destabilize other officers and inmates.
19. Psychological destabilization of inmates by unnecessary, constant, extreme cell block noise.
20. Locking inmates in and out of their cells, to disrupt their normal work and self-help activities.
21. Inadequate bins for disposal of trash. No bins for disposal of sanitary pads and tampons.
22. Inadequate cell block lighting.
23. Permitting heavy smoking on cell blocks.
24. Providing inadequate clothing and blankets for inmates in winter and in underground cells at court.
25. Providing no water to inmates, when water supplies were turned off for lengthy repairs.
26. Permitting unhygienic food preparation in the jail kitchen, with resulting inmate illnesses and death.
27. Encouragement of vermin by not providing inmates with food storage boxes.
28. Tolerance of blocked and infested drains.
29. Widespread spraying of toxic pesticides in closed cells and cell blocks.
30. Excessive isolation and degradation of inmates on solitary confinement, eg withholding books, light, trash bins, toilet paper, exercise, showers and phone calls.
31. Providing day-time commercial television as the chief cell block occupation.

## Chapter Nine: Cell Shakedowns

1. Use of cell searches to harass and intimidate inmates and employees and to seize, damage and destroy inmates' necessary and lawful possessions.
2. Tolerance of major illegal drug use by inmates and officers and major supply of illegal drugs to inmates by certain inmates and officers.
3. Use of strip searches in ways that degrade officers and inmates.

## Chapter Ten: Medical Care

1. Short-term contracts for medical directors.
2. Refusal to implement medical recommendations about jail environment and inmate management, e.g. providing diabetic inmates with proper food at court.
3. Tolerance of medical care that is unacceptably poor by its inefficiency, lack of supervision, lack of access to care and denial of care.
4. Denial of safe, common, non-prescription medicines. Widespread prescription of sedatives to inmates.
5. Denial of emergency medical care.
6. Lack of outside review of medical care by medical professionals.
7. Assigning unlicensed physicians to emergency resuscitations.
8. Denial of treatment for narcotic withdrawal. Lack of substance abuse programs for inmates and employees.
9. Keeping female inmates shackled and manacled for hours in public area of the hospital.
10. Establishment of a inadequately equipped infirmary.
11. Inadequate care of inmates with serious infectious diseases, including AIDS and tuberculosis. Inadequate protection of other inmates and employees from the spread of such infections.
12. Disproportionate denial of medical care to female inmates, by their disproportionate restriction to their cell blocks.
13. Inadequate ante-natal and post-natal education and care of pregnant mothers.
14. Routine misdiagnosis and mismanagement of abuse flashbacks as grand mal seizures.

15. Tolerance of abusive employees who encourage suicidal inmates to kill themselves.
16. Inadequate care of open and infected wounds.
17. Inadequate protection of inmates and employees from physical and psychological trauma in the jail.
18. Denial of medical care so as to conceal physical and psychological brutality against inmates.
19. Posting of no occupational health safety standards in work areas.
20. Inadequate control of violent inmates.
21. Use of medical personnel for interrogation and 'treatment' of inmates for court purposes.
22. Lack of outside review of complaints of physical or psychological brutality.
23. Inadequate care of eating disorders and promotion of unhealthy nutrition.
24. Lack of any physical fitness program to counteract the physical disability from confinement in a cell for 18 hours or more a day.

#### Chapter Twelve: General Behaviors

1. Lack of support of single parent inmates or employees, and their children.
2. Denial of reasonable work schedules to single parent-employees.
3. Lack of program for safe placement or protection of inmates' at-risk children.
4. Routine housing of daughter/inmates with their abusive mother/inmates.

#### Chapter Fifteen: Sexual Aggression

1. Tolerance of physical and sexual aggression, particularly against women inmates and against children in the visiting hall.

#### Chapter Sixteen: 'Fuck Talk'

1. Tolerance of intimidating, abusive language by aggressive inmates and employees.
2. Lack of training and supervision of officers in non-abusive control of inmates.

## Chapter 19: Dishonesty

1. Use and enforcement, throughout the system, of rules that are contradictory, unfair and inconsistent. The rules promote aggression against the weak and also promote denial of such aggression.

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